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# *The Health of Middlesex 1956*



*The Annual Report of  
the County Medical Officer of Health*

ADMINISTRATIVE COUNTY OF MIDDLESEX

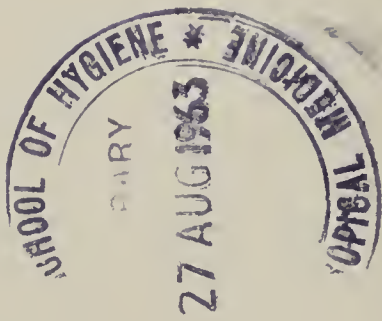


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ADMINISTRATIVE COUNTY OF MIDDLESEX

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## THE CONQUEST OF POLIOMYELITIS

The first shot in a new campaign



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## PREFACE

*To the Chairman, Aldermen and Members of the County Council of Middlesex*

SIR, LADIES AND GENTLEMEN,

I have the honour to present my report on the health of Middlesex for the year 1956. The general record of health of the County during the year presented no features of special note, either good or bad, and broadly speaking the trends noted in previous reports have continued much as anticipated.

The birth rate which hitherto has shown a progressive decline each year since 1947, though of late years at a much diminished rate, in 1956 showed a marked rise to 13·6 per thousand estimated mid-year population as compared with the low level of 13·0 in 1955. When this figure has been adjusted for the age and sex structure of the Middlesex population in order to make it comparable with that for England and Wales as a whole the rate becomes 13·2 as compared with the national figure of 15·7 (15·0 in 1955). This is the highest rate recorded in Middlesex since 1950.

The death rate again showed a slight rise to 10·0 per thousand population as compared with rates of 9·8 and 9·4 in the two previous years. The adjusted rate is 10·8 compared with a rate of 11·7 for the country as a whole. The bulk of the increase was attributable to deaths from malignant diseases especially carcinoma of the lung, and lesions of the cardiovascular system, notably coronary disease and other heart conditions. It is regrettable that the slightly diminished rate of increase in incidence of cancer of the lung which was noted last year, has failed to be maintained, which with 67 more deaths showed a further increase of approximately 6·5 per cent. Until medical research has made much more progress in tracing the causes of the progressive and alarming advance in the incidence of this condition the most hopeful line of preventive action must continue to be a sustained campaign against the habit of smoking among young people, approach to whom can be made through the many educational establishments and youth organisations throughout the County. The letter on this subject which I addressed to youth leaders in Middlesex in November, 1956, not only gave rise to keen discussions among the young people themselves but also attracted wide publicity and comment in the Middlesex press. However, if this propaganda is to have any permanent value vigorous following-up is necessary. In the furtherance of this aim the services of the Health Education Officer whom the County Council appointed in November, 1956, will prove invaluable.

Deaths from violence showed a sharp rise from 859 in 1955 to 1,014 in the year under review. Reference to table 2 on page 58 will reveal that these deaths are classified under four different headings, namely, motor vehicle accidents, all other accidents, suicide, and homicide and operations of war. With the exception of the last heading which is, in any case, naturally a very small figure there has been an increase in the number of deaths in each category. This is particularly marked in the case of accidents other than those in which motor vehicles were involved. These rose by nearly a quarter from 397 to 483 as compared with an increase of 21 (approximately 10 per cent.) in the case of motor vehicle accidents. It would be useful if the figures for accidents other than those in which motor vehicles are involved were further

sub-divided so as to indicate how many were attributable to industrial conditions and how many took place in the home. Unfortunately reliable statistical evidence as to this is not at present available but there is no reason to believe that deaths due to industrial accidents have shown any marked rise in view of the organised safety precautions both statutory and voluntary which are taken in factories and work places. It is probable therefore that the bulk of the increase in accidental deaths is due to accidents taking place in the home and it is certain that these considerably out-number the whole of the deaths in which a motor vehicle is involved. There is no doubt that here health education will prove the chief weapon in our armoury in a campaign for a reduction in the number of deaths attributable to accidents in the home, which of all causes of death must be one of the most preventable.

Although cancer and cardiovascular conditions are diseases characteristic of the later decades of life and elderly people are of course particularly prone to accidents in the home, it is rather remarkable to find that practically the whole of the increased mortality which occurred during 1956 affected persons of 75 years or older. Deaths at all ages were 506 more than in 1955 but actually there were no less than 523 more deaths of persons aged 75 and over. Accordingly it follows that in all the other age groups taken together the total deaths were less by 17 and the percentage of deaths occurring at or over the age of 75 rose to a new record of 42·2 per cent. of all deaths. While no one could fail to welcome such evidence of increased longevity, one should not lose sight of the fact that it carries as a corollary an increasing ratio of non-working to working members of the community and is giving rise to a sociological problem which is becoming yearly more pressing.

Although the infantile mortality rate fell slightly to 19·1 per thousand live births as compared with 19·4 in 1955, this figure was still above the low record of 18·8 which was achieved in 1954. Approximately three-quarters of the infant deaths take place during the first four weeks of life and are known as neo-natal deaths. Their causation is closely associated with that of still-births and recently the term "perinatal" mortality has come into use to describe the combination of these two types of death. The trend of perinatal mortality in the County since 1939 is shown diagrammatically on page 11 and it will be observed that the rapid decline in mortality of previous years is now tending to come to a halt. It is not difficult to appreciate that maternal causes are principally responsible for perinatal deaths and it is to improved obstetrical care that we must look for their prevention. That this fact is appreciated by the central authority was made clear during the course of the year when a memorandum on ante-natal care was received from the Minister of Health who, acting on advice received from the Standing Maternity and Midwifery Advisory Committee endorsed by the Central Health Services Council, requested that an endeavour be made to create a closer liaison between the three parts of the maternity services (hospital, local health authority and general medical services) which are jointly concerned with maternal care during pregnancy, delivery and the puerperium. There is no doubt that in the past co-operation between the three branches has not been so close as is desirable and it is to improvement in this respect that the best prospect of a further reduction in perinatal mortality lies. In accordance with the Minister's advice



meetings have been held throughout the County between professional representatives of all three branches of the health service in order to consider the problem. Although these discussions have not yet reached finality the need for some permanent scheme of liaison between the three branches has become abundantly clear and it is hoped that as a result of further discussion suitable arrangements to achieve this end will be devised. In this respect Middlesex is fortunate in that a large part of the County already is covered by general purpose liaison committees consisting of representatives of the three branches of the service. A description of the constitution and functions of these local liaison committees will be found on page 23 in the body of the report.

The incidence of pulmonary tuberculosis continued to fall. Primary notifications of the disease fell by 138 to a total of 1,568 while the number of deaths (214) was 30 less than in 1955. Both these figures create fresh low incidence records. Also satisfactory is the fact that at the close of the year there were 70 fewer cases on the chest clinic registers than on the 31st December, 1955.

A reduction in the number of cases of tuberculosis on the registers does not necessarily imply a corresponding reduction in the overall work of the chest clinics and in point of fact 2,967 more individuals were examined at chest clinics for the first time in 1956 than in the previous year. Nevertheless, the number found to be tuberculous fell by 175. The fact that what used to be called tuberculosis dispensaries are now known as chest clinics should serve to remind us that they now act as consultation centres for chest diseases of all sorts and an increasing proportion of the cases referred to the clinics are found, upon investigation, to be suffering from new growths of the lung which now far exceed pulmonary tuberculosis as a cause of death.

Further development in the scheme of B.C.G. vaccination took place in the course of the year. In addition to the vaccination of contacts of known cases of tuberculosis, vaccination was offered to school leavers in areas 1, 3 and 6. This was in the nature of a pilot scheme undertaken in order to ascertain the likely demand and the administrative problems involved. The result was found satisfactory in both respects and in view of this and the favourable nature of the report of the Medical Research Council's control trials with B.C.G. which was published during the year, it was decided to extend the scheme by offering vaccination to all school leavers in the County and detailed arrangements were completed by the end of the year to enable this extension of the scheme to come into operation early in 1957.

Poliomyelitis showed a much lower incidence than in 1955, only 192 cases being reported as compared with 585 in the previous year. Only 3 of these 192 cases were fatal.

Nevertheless, there is no doubt that the year 1956 will always be particularly associated with poliomyelitis, for it was in this year that after the most exhaustive testing of the antigen to be used, the official scheme of vaccination against poliomyelitis was launched. Vaccination was offered on a voluntary basis for all children born between 1947 and 1954, and although the arrangements for informing parents and guardians of the details of the Council's scheme were seriously hampered by the dispute in the printing industry which occurred in February, 79,290 registrations were received representing in the case of children

under five 16·7 per cent. and in children aged five or over 42 per cent. of all those eligible for registration. The difference in percentages probably reflects the greater difficulty in contacting the parents of pre-school children under the circumstances mentioned. The first issue of vaccine was received on the 4th May and the first poliomyelitis vaccination sessions took place on the 8th May, 1956. The photograph which forms the frontispiece to this report was taken at the opening session in area 4, held in the Health Clinic at Hendon Town Hall.

Among the notifiable infectious diseases common in childhood, whooping cough and measles showed a moderate incidence but no death was attributable to either of them. This fact may be regarded with some gratification for in past years they have often proved deadly to very young children. The use in treatment of modern antibiotic preparations is probably largely responsible for this welcome change together with the now widely adopted practice of immunisation against whooping cough. In the case of measles at least, the notifications of which may run into five figures in a single year, it is doubtful whether under these circumstances notification any longer justifies its very considerable cost.

The number of Middlesex patients attending venereal disease clinics remained at about the same level as in 1955 but one feature of these attendances calls for special comment. The special services almoners have reported that an increasing number of girls under the age of 18 are attending these clinics. These girls may be suffering from a non-venereal condition or even not be in need of treatment at all but attend the clinic for a check up on their own initiative or on the advice of girl friends and mostly without referral from a general practitioner. The inference that they have, to their own knowledge, run the risk of contracting a venereal disease is inescapable and while their readiness to seek examination is commendable, the social problem which it reflects should not be disregarded.

I feel sure that the letter received from the Ministry of Health following an inspection of the County's priority and school dental services carried out during the year by a senior dental officer of the Ministry, Miss E. M. Knowles, and the comments upon it which appear in the report of the Chief Dental Officer, Mr. Bingay, on page 28, will be a source of great gratification to all members of the County Council. Middlesex easily leads the rest of the country in the conservative dental treatment of children under its care and it is a source of much satisfaction to the County Health Department that the majority of the young people of the County are entering adult life dentally so well equipped. This means that not only are their teeth in sound condition but they have received careful instruction and training in looking after them. Since a sound dentition is one of the foundation stones of good general health the benefits of a right start in this direction will be incalculable in later years.

In paying tribute to the excellent work of the County Council's dental staff as a whole it would be wrong to omit special reference to the Chief Dental Officer himself. Mr. Bingay's enthusiasm and imaginative foresight has inspired and set the pattern for the whole dental service. Developments which he has pioneered in Middlesex have been widely adopted throughout the country. The evening sessional scheme is a case in point. That I am not



alone in this high opinion of our Chief Dental Officer is evidenced by the fact that the Minister of Health has appointed him to be a member of the Standing Dental Advisory Committee.

As regards the home nursing service there was a considerable fall in the number of individual patients nursed who were 2,150 fewer than in the previous year. This may be attributable at least in part to the absence of any considerable outbreak of epidemic disease which naturally would have caused a considerable rise in the number of short term acute cases requiring to be nursed. It is fortunate that such indeed was not the case since the overall demand upon the service was greater than in 1955, the total number of visits exceeding those paid in the previous year by 3,136.

To conclude these brief introductory remarks upon some of the more notable matters affecting the health of Middlesex in 1956, it is once again a great pleasure to record my indebtedness to all sections of the County Health staff both at the central office and in the areas for the enthusiasm, loyalty and efficiency upon which I have learned so confidently to rely. I should also like to express my gratitude to the Chairman and members of the Health Committee for their encouragement and support throughout the year.

Finally I should like to acknowledge a debt which is perhaps too little recognised. I am speaking on behalf not only of myself but of the whole County Health staff in expressing our appreciation of the action of those members of the public, by no means few in number, who have indicated either verbally or in writing their gratitude for the services we have been able to render them. The County Health Service is before all a human service and the measure of its success is the extent to which it has been able to allay anxiety and to prevent or relieve suffering. To receive personal testimony that our efforts have been fruitful is the greatest encouragement and the best reward for which we could wish.

I have the honour to be,

Your obedient servant,

A. C. T. PERKINS,

*County Medical Officer of Health.*





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# SUMMARY OF VITAL STATISTICS RELATING TO THE ADMINISTRATIVE COUNTY OF MIDDLESEX

Area (including inland water) .. .. .	148,688 acres.
Population 1956 .. .. .	2,251,000
Number of structurally separate dwellings occupied (1951 census) .. .. .	595,075
Number of private households (1951 census) ..	703,525
Rateable value (all hereditaments) .. ..	£40,762,380
Product of a penny rate, financial year .. ..	£166,324
Live births—	Males. Females. Total.
Legitimate .. .. .	15,001 14,242 29,243
Illegitimate .. .. .	736 685 1,421
Live birth-rate per 1,000 home population (crude) ..	13·6 (England & Wales 15·0)
do. do. (adjusted) ..	13·2
Stillbirths .. .. .	576
Stillbirth rate per 1,000 total births .. ..	18·4
Deaths .. .. .	22,616
Death-rate per 1,000 home population (crude) ..	10·0 (England & Wales 11·7)
do. do. (adjusted) ..	10·8
Number of women dying from diseases and accidents of pregnancy and childbirth (includes deaths from abortions) .. .. .	18
Maternal mortality rate per 1,000 total births ..	0·58 (England & Wales 0·56)
Infantile mortality rate per 1,000 live births:—	
Legitimate .. .. .	18·7
Illegitimate .. .. .	27·4
Total .. .. .	19·1 (England & Wales 24)
Deaths from cancer (all ages) .. .. .	4,587

# ADMINISTRATIVE COUNTY OF MIDDLESEX

## ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER FOR THE YEAR 1956

### VITAL STATISTICS

#### AREA AND POPULATION

The County of Middlesex covers approximately 232 square miles. It is comprised of 26 local authorities no less than 20 of which are listed by the Registrar General as "Great Towns".

The inner ring of the County is densely populated and contains the older boroughs, some of which are now steadily, if slowly, decreasing their population while the outer ring, rural or semi-rural in parts, continues, on the whole, to build up in population. The overall effect of this trend has been that the population of the County has slowly declined in recent years and the Registrar General's estimate for the Middlesex population at June, 1956, was 2,251,000, a fall of 1,000 from the corresponding figure for 1955. A further decline in the population of the overcrowded inner ring is desirable on health and amenity grounds.

The populations of the constituent authorities are set out in Table 1 in the Appendix which indicates the changes which have taken place since the 1921 census. The Boroughs of Tottenham and Willesden have the highest average number of persons (4.1) per dwelling, the Boroughs of Southgate and Wembley having the lowest average number of persons per dwelling (3.3) in the County.

#### BIRTHS

The birth rate in the County (per thousand population) had been steadily declining from 1947 when the figure was 19.6 to the level of 13.0 in 1955. In 1956, however, the rate rose to 13.6. If this figure is adjusted to take into account small differences in the age and sex structure of the local population as compared with that of England and Wales as a whole the rate becomes 13.2 (adjusted) as compared with the national figure of 15.7 (15.0 in 1955).

The total live births during the year were 30,664 or 1,465 more than in the previous year.

The birth rates over the past 10 years in Middlesex as contrasted with those of London and England and Wales as a whole are set out in Table 5 on page 63.

Birth rates by administrative areas and by district authorities are shown in Tables 3 and 4 (column 12) respectively on pages 59 to 62. The rates in



the western fringe of the County are generally higher than elsewhere, doubtless because there are many young couples setting up home in these rapidly expanding districts.

#### DEATHS

There were 22,616 deaths during the year 1956 giving a death rate (per thousand population) of 10·0 as compared with a rate of 9·8 and 9·4 in the two previous years. When this rate is adjusted to make it comparable with the rate for the country as a whole (11·7) it becomes 10·8. It is a consistent feature that the Middlesex rate even when adjusted is somewhat below the national figure. In spite of the January fog the deaths attributed to pneumonia, bronchitis and other diseases of the respiratory system did not show a dramatic increase. There was a further rise in the incidence of coronary disease of the heart which has increased consistently in recent years. Our knowledge of the causation of this disease is still very rudimentary; it does seem, however, to be closely linked with nutritional factors and it may pertinently be asked whether sufficient of the research resources of this country are being spent upon nutritional problems. Cancer of the lung shows its usual annual increase, this time reaching a figure of 1,090 deaths as compared with 1,023 in 1955. At the time of writing the Central Health Services Council has advised the Minister of Health that in their opinion smoking, particularly heavy cigarette smoking, is an important factor in this steady relentless and alarming increase over the past half century. Action taken during the year in an effort to combat this trend is reported on page 36 in the section devoted to health education.

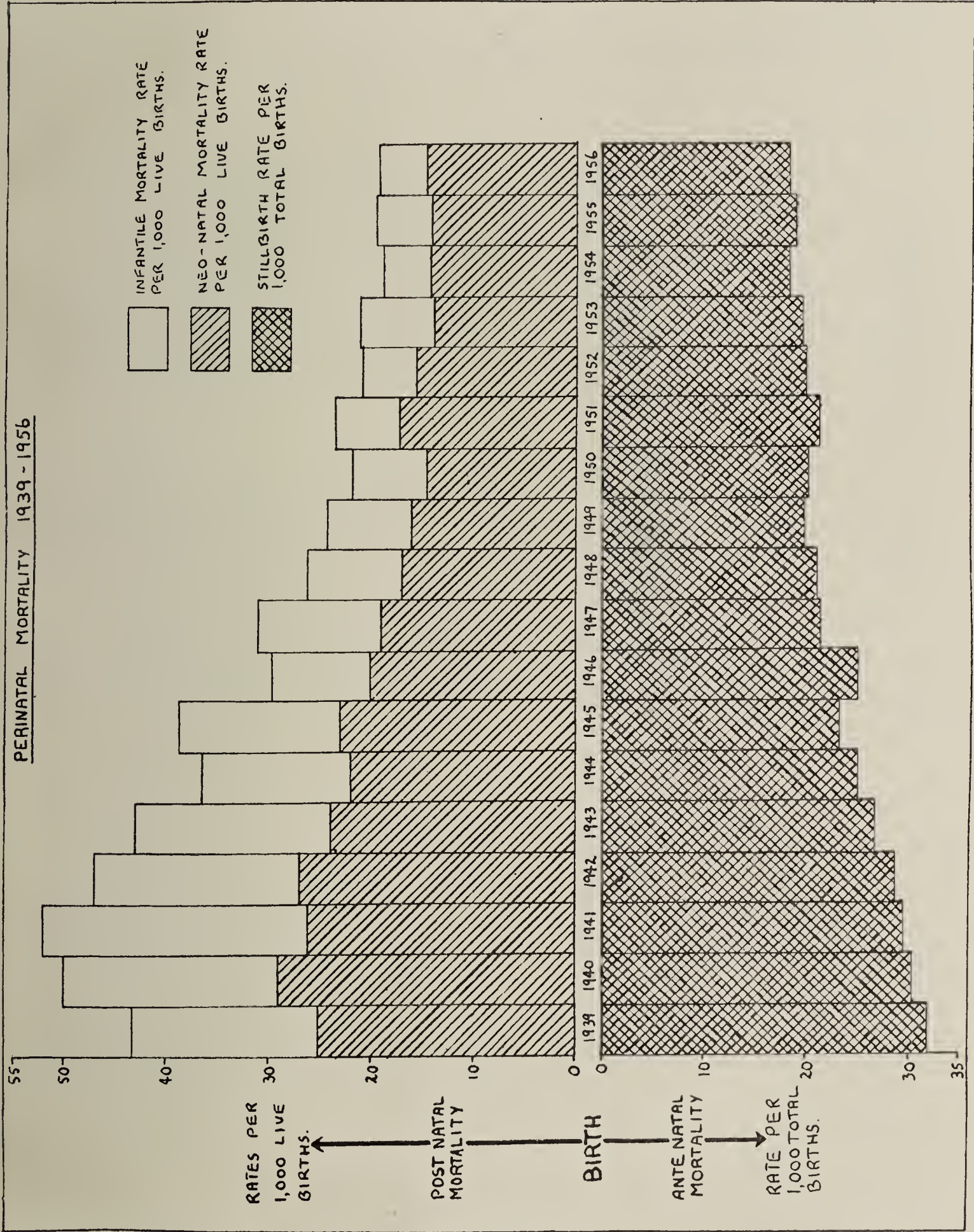
#### INFANTILE MORTALITY

The infantile mortality rate (which refers to deaths in children under 1 year of age per thousand live births) was 19·1 compared with 19·4 in 1955 and 18·8 in 1954. The rate for the country as a whole was 23·8 (provisional).

Of the 586 deaths of infants, 127 were ascribed to congenital malformations, 66 were ascribed to pneumonia (81 in 1955), while no less than 349 of the deaths were categorised as "other defined and ill defined diseases". There were 12 accidental deaths.

The majority of the infant deaths take place during the first four weeks (76 per cent. in 1956) and are known as neo-natal deaths. These deaths within the first month of life are closely associated in their causation with still births and their reduction is primarily a matter for maternal rather than infant care. The still birth rate was 18·4 per thousand total births as compared with 18·9 the previous year. It will be seen from the diagram on the opposite page which records the perinatal mortality experience of the County since 1939 that the rapid decline in mortality during the war and immediate post-war years is not being maintained. Responsibility for the maternity services is shared between the regional hospital boards, the local health authorities and the executive councils. The closest co-ordination between all three branches of the service is needed and its achievement is a real challenge. As a result of the initiative from the Ministry of Health, meetings have been held locally all over the County between representatives of the three branches of the service at professional level to see what improvements can be made in the present administrative machinery for co-ordination.





### MATERNAL MORTALITY

There were 18 maternal deaths (including deaths due to abortion) giving a rate of 0·58 (0·47 in 1955) per thousand births; the corresponding national rate is 0·56.

What has been said above about infant mortality and the maternity services applies equally, of course, to maternal deaths.

### SICKNESS INCIDENCE

By courtesy of the Chief Medical Officer of the Ministry of Pensions and National Insurance the number of persons to whom medical certificates are issued in connection with sickness benefit claims is made available. This notification is very helpful in giving an early indication of impending epidemics of the winter respiratory and epidemic diseases such as influenza. The total number of first applications for sickness benefit during 1956 was 336,000 compared with 360,000 (53 weeks) in the previous year; 117,000 of these occurred in the first quarter of the year and there were 93,000 in the last quarter of the year.

The number of applications for sickness benefit per thousand population during the year was 149 in Middlesex compared with a figure of 156 for the country as a whole. Middlesex has not always a favourable figure compared with the rest of the country; it is largely a matter of the regional distribution of influenza-like outbreaks from year to year.

Table 9 on page 65 gives quarterly comparisons of the sickness incidence, as judged by sickness benefit claims, over the past six years. It will be noted that there is a distinct pattern of alternating high and low figures for the first quarter of the year.

## INFECTIOUS DISEASES (including prophylaxis)

Notification of infectious diseases (corrected) during the year are set out in Table 10 on page 66 by local sanitary districts.

### SCARLET FEVER

The number of cases notified during the year (1,527) was the lowest recorded since 1918. The disease continues to be mild in character and to respond readily to treatment.

### WHOOPING COUGH

The number of cases of whooping cough notified during the year was 2,418 (2,367 in 1955). Immunisation against whooping cough is widely undertaken throughout the County and this undoubtedly helps to protect the individuals inoculated either completely or by greatly modifying the attack. It is too early to say, however, that the annual incidence of the disease has yet been affected to any marked extent by whooping cough vaccination. Whooping cough can be a killing disease in small children and it is gratifying to note therefore that there were no deaths from whooping cough during the year.



## MEASLES

The number of cases of measles notified during the year was 6,342 compared with 33,980 in 1955 and only 2,431 in 1954. Measles is a disease with a predictable epidemic pattern. Following an explosive outbreak which affects most of the non-immune young children there is a period of low incidence while the number of non-immune children rises as a result of new births and of immigration. When a sufficiently high proportion of non-immune children exist in the community there is a further large outbreak so that few persons reach adult life without having contracted measles which happily gives a solid immunity. There were no deaths from measles during the year.

Measles became notifiable in 1940 in order that health staff might have an opportunity of dealing with such complications as infection of the middle ear with, very often, chronic discharge and deafness which followed measles distressingly often. The use of anti-biotics has, however, made the treatment of these complications a relatively simple matter and it seems doubtful in the present circumstances whether notification any longer serves a purpose commensurate with its cost.

## POLIOMYELITIS

In contrast with the previous year, which saw numerically the greatest epidemic of poliomyelitis (585 cases) yet reported in the County, there were only 192 cases during the whole year. The greatest incidence of this disease is usually in the third quarter of the year. In 1956, however, 99 of the cases occurred in the fourth quarter as compared with 55 in the third.

Ealing with 48 cases and Tottenham with 27 head the list, but many districts had less than 10 cases. The Tottenham cases, the majority of which occurred rather early in the year, apparently centred upon and spread from two nursery classes. It used to be said that it was rare for more than one person in a household to suffer from the disease at the same time, but this picture has definitely changed in recent years and in Tottenham in one household three cases occurred, in two other households there were two cases at the same time. There is no doubt that these were genuine cases of poliomyelitis.

The Minister of Health on the 19th January, 1956, issued circular 2/56 in which he explained his proposals for the use of a vaccine against poliomyelitis as part of the National Health Service.

The circular indicated that the vaccine would not be available in substantial quantities until the end of the year, but that a certain amount was expected to become available during May and June and the Minister was anxious that local health authorities should have an opportunity of using these limited quantities during the period before the start of the poliomyelitis season.

The Minister's proposals provided for vaccination to be offered on a voluntary basis for all children born between 1947 and 1954, and arrangements were to be made for parents or guardians of eligible children to be informed of the Council's proposals and asked to give their written consent to have their children vaccinated.

The County Council in February, 1956, agreed to participate in the scheme for poliomyelitis vaccination and to seek the Minister's approval to the necessary

modification to its proposals under Section 26 of the National Health Service Act, 1946.

Press publicity of the arrangements made by the Council to provide vaccination against poliomyelitis was seriously curtailed due to the strike in the printing industry which occurred in February, 1956. Details of the scheme were given to parents of eligible children, however, by distributing explanatory leaflets and consent cards through schools, day nurseries, clinics and public libraries, by displaying posters in public buildings and cinemas, and in some areas showing slides in cinemas.

As a result, 79,290 registrations were received as follows:—

	<i>No. received.</i>	<i>Male.</i>	<i>Female.</i>	<i>Percentage of possible.</i>
Children under 5 ..	19,658	10,148	9,510	16·7
Children age 5 and over	59,632	30,520	29,112	42·0
	<hr/> 79,290	<hr/> 40,668	<hr/> 38,622	<hr/> 30·5

It would appear that the lower percentage of children under 5 registered was due at least in part to the difficulty of reaching parents of children in this age range. Greater publicity in local newspapers undoubtedly would have been most helpful here, but was impossible due to the dispute in the printing industry.

The first issue of vaccine was received on the 4th May, 1956, the children selected to receive their first injection being those born in November of each of the years 1947 to 1954 and March in each of the years 1951 to 1954. The first poliomyelitis vaccination sessions were held on the 8th May, 1956, and it is of interest to note that the session held at the Central Hendon Clinic on that day was the subject of widespread press and newsreel publicity. By the close of 1956 three issues of vaccine had been received and a total of 7,931 children had received a full course of two injections.

Concurrent with the scheme for the vaccination of children against poliomyelitis, arrangements were also made to co-operate with the Medical Research Council in its efforts to assess the degree to which the British vaccine confers protection to its recipients.

A further circular, number 22/56, issued on the 12th December, 1956, indicated that regular and increased supplies of the vaccine were expected to become available from January, 1957, onwards. The circular also stated that with increased supplies of vaccine becoming available general medical practitioners were to be given the opportunity of participating in the poliomyelitis vaccination scheme, and local health authorities were urged to make arrangements for this to take effect from January, 1957. On receipt of this circular details of suggested arrangements for the participation of general medical practitioners in Middlesex were prepared for discussion with the Local Medical Committee early in January, 1957.

#### DIPHTHERIA

Two confirmed cases of diphtheria were reported during the year. This is exactly the same number as the previous year. There was no death.



Table 13 on page 68 shows the dramatic change which has occurred in the incidence of diphtheria in the past 15 years or so. Before the last war there was an average of about 2,000 cases a year. Since 1950, however, the number of cases recorded in one year has never reached double figures. This change is, of course, almost entirely due to immunisation and it is only on a high level of immunity resulting from immunisation in infancy, reinforced by booster doses in later childhood, that safety depends. It is the unrelenting task of the medical and health visiting staff to impress this truth upon parents of young children. It gives me great pleasure to record my gratitude to the general practitioners who have assisted so well in this task.

The number of children under 15 years of age immunised during the year (primary plus booster injections) was 49,721 or more than 5,000 more than in the previous year. From available records it is estimated that 57·5 per cent. of the child population under 5 years of age is protected and that 83·8 per cent. of all children under the age of 15 in Middlesex have been immunised. Naturally these figures cannot include children immunised for whom no record has been received and I am indebted therefore to Dr. Harvey, area medical officer, who has demonstrated in repeated surveys that the actual percentages of children immunised is significantly higher than that calculated from returns received. Almost 90 per cent. of all children under 2 years of age in Area 2 (Wood Green, Southgate, Friern Barnet, Potters Bar) were found to have been protected.

Tables 14 and 15 on pages 68 and 69 relate to immunisation against diphtheria.

#### DYSENTERY

During the year there were 1,432 cases of dysentery notified as compared with 896 in 1955.

Since dysentery first became notifiable immediately after the first world war the disease has greatly changed in character, becoming very much milder and at the same time much more widespread. Middlesex has frequently had rather a high rate for dysentery compared with the country as a whole but within the County there is a considerable variation from year to year and from district to district. Ealing, Edmonton, Enfield and Willesden each had over 100 cases whereas five districts had less than 10 cases.

#### ENTERIC FEVER

There were only 8 cases of enteric or typhoid fever reported during the year, 2 of which were reported from Acton and may well have been connected with other cases which occurred there the previous year.

#### FOOD POISONING

There were 479 cases of food poisoning notified during the year (489 cases in 1955). This figure is disturbingly high when it is realised that only a small proportion of all cases are in fact notified. It is particularly disappointing that the considerable efforts which many of the county districts have made to control food poisoning have met with so little reward.

PUERPERAL FEVER

Since the new regulations redefining puerperal pyrexia came into force in 1951 there has been a steady increase in notifications and during the year 866 cases were reported compared with 757 in 1955. High rates of incidence are recorded for Willesden, Uxbridge, Hendon, Edmonton and Brentford and Chiswick, but this feature is very largely due to the siting of the hospitals with large maternity units within the County.

TUBERCULOSIS

Statistical tables relating to tuberculosis and the work at Chest Clinics are shown on pages 70 and 71.

The general pattern of the work undertaken in the prevention of this disease and in the care and after-care of those suffering from pulmonary tuberculosis was very similar to previous years. The staff engaged in this work was as follows:—

Tuberculosis visitors .. .. .	44
Welfare officers and assistants .. .	17
Occupational therapists .. .	3
Handicraft instructors .. .	2
Chest clinic clerical staff .. .	16

In addition, Mr. Osment continued in his appointment as manager/instructor at the rehabilitation workshops and Mr. and Mrs. Large as warden and assistant warden at the hostel for tuberculous men at Twickenham.

The Council's Rehabilitation and Sheltered Workshop at Tottenham was again visited by many medical and social workers from overseas. This pioneer workshop for the tuberculous is always recommended as a particular object of study by those whose visit is sponsored either by the World Health Organisation or the National Association for the Prevention of Tuberculosis.

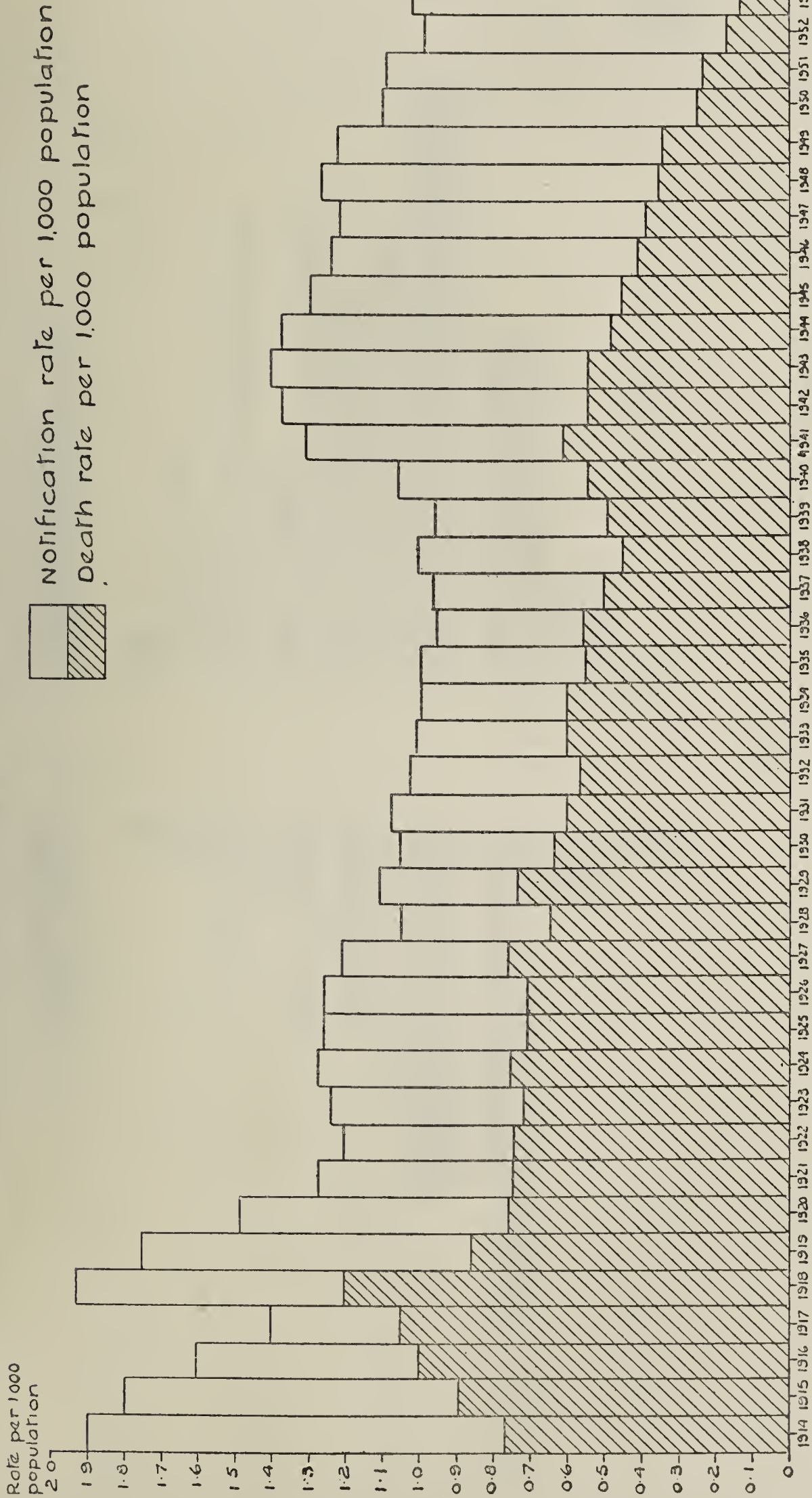
*Notifications.*—Primary notifications of pulmonary tuberculosis numbered 1,568. Again there has been a slight decrease in the number of new cases. It is significant that the number diagnosed in the older age groups shows a further increase over previous years. The number of new cases over 45 years of age form one-third of all notifications and it is significant that in this age group four times as many males as females are notified. This trend is shown in the following table:—

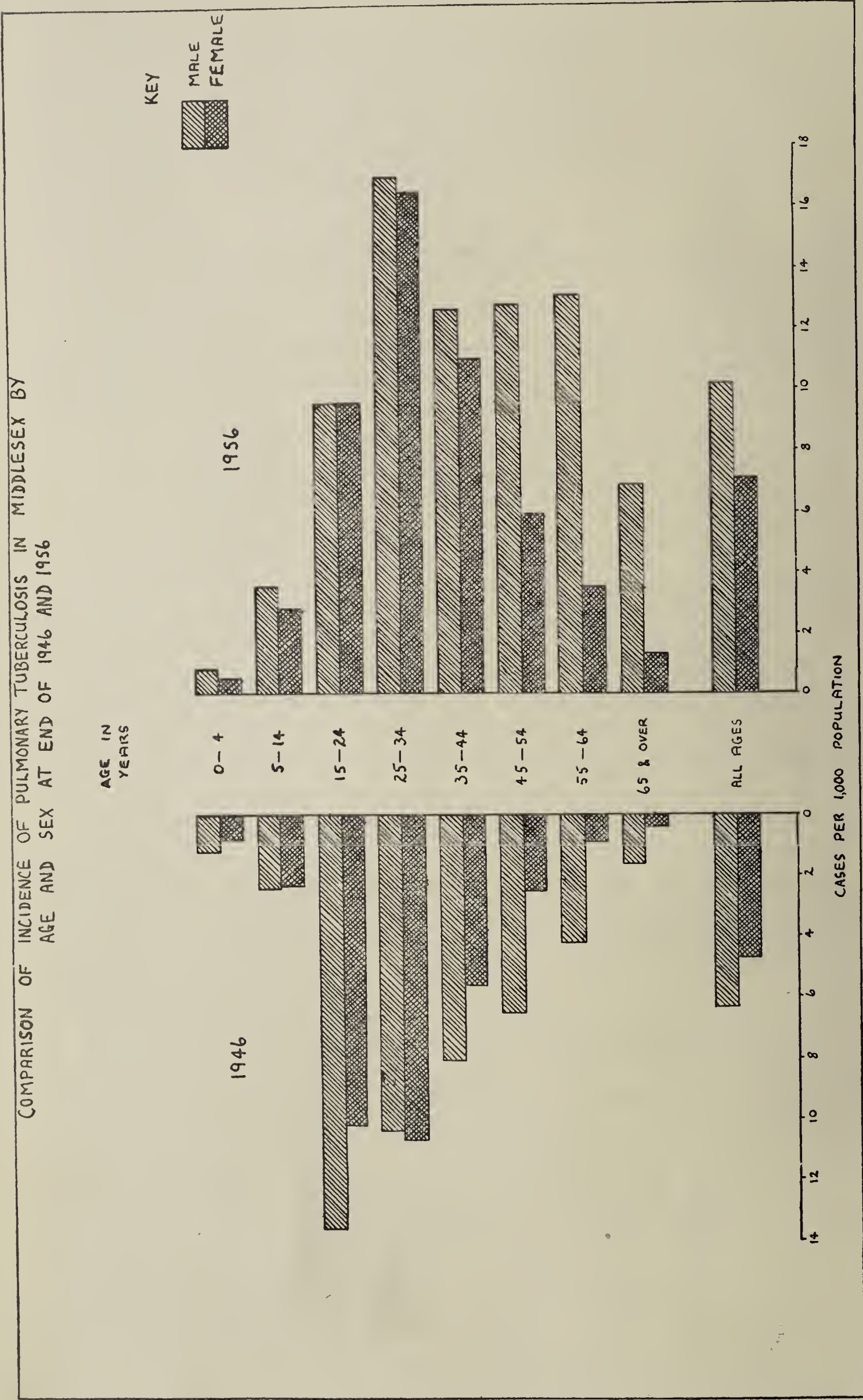
Year.	Notifications of persons age 15-44.				Notifications of persons age 45-65.			
	Males.	Females.	Total.	Percentage of all notifications.	Males.	Females.	Total.	Percentage of all notifications.
1948	987	1,001	1,988	70	319	111	420	15
1949	985	900	1,885	69	370	106	476	17
1950	822	860	1,682	68	361	129	490	20
1951	830	760	1,590	66	376	100	476	20
1952	712	745	1,457	66	355	110	465	21
1953	700	764	1,464	65	390	109	499	22
1954	614	605	1,219	64	321	108	429	22
1955	550	530	1,080	63	305	92	397	23
1956	484	439	923	59	325	86	411	26



PULMONARY TUBERCULOSIS NOTIFICATION AND DEATH RATES IN MIDDLESEX

1914 - 1956





NOTE: THE INCIDENCE OF PULMONARY TUBERCULOSIS IN THE MALE AGE GROUPS 15-24 IS ARTIFICIALLY INFLATED BY THE DEPLETION OF THE MALE POPULATION OWING TO THOSE CALLED UP FOR NATIONAL SERVICE IN THE ARMED SERVICES..



The effect of this trend over the past 10 years can be seen in the chart on page 18 which compares the incidence of pulmonary tuberculosis in the County by age and sex at the end of 1946 with that of 1956.

*Deaths.*—The number of deaths from tuberculosis during the year was 234 of which 214 were on account of pulmonary tuberculosis. This gives a death rate of 0·10 per thousand of the population, and the following table shows the trend of mortality and morbidity from pulmonary tuberculosis since 1948:—

Year.	Primary notifications.				Deaths.			
	Males.	Females.	Total.	Rate per 1,000 population.	Males.	Females.	Total.	Rate per 1,000 population.
1948	1,527	1,301	2,828	1·25	493	297	790	0·35
1949	1,588	1,158	2,746	1·21	486	279	765	0·34
1950	1,378	1,099	2,477	1·08	370	197	567	0·25
1951	1,416	1,000	2,416	1·07	331	197	528	0·23
1952	1,251	957	2,208	0·97	252	134	386	0·17
1953	1,284	980	2,264	1·00	222	105	327	0·14
1954	1,109	816	1,925	0·85	209	83	292	0·13
1955	1,000	706	1,706	0·76	178	66	244	0·11
1956	957	611	1,568	0·70	154	60	214	0·10

Posthumous notifications of pulmonary tuberculosis were 8 and deaths from the disease not previously notified amounted to 40.

At the end of the year there were 21,297 notified cases of tuberculosis on the clinic registers in Middlesex. This shows a reduction of 70 cases from the numbers on the registers on the 31st December, 1955.

During the year the number of persons examined at chest clinics for the first time was 56,591, an increase of 2,967 from the previous year. In spite of this increased number referred to chest clinics for examination and investigation, the number found to be tuberculous fell by 175.

*Home Visiting.*—The number of visits to patients' homes by the Council's tuberculosis visitors during the year was 44,336; a substantial increase upon previous years. The number of new contacts who attended for examination amounted to 10,003. This figure means that 6 contacts were examined for every case notified, and yet only 136 new cases of disease were found among these contacts. The following table shows that relationship compared with previous years and also the incidence of the disease amongst those examined for the first time:—

Year.	Total persons (including new contacts) examined for the first time.			New contacts examined.		
	Number.	Number found tuberculous.	Percentage found tuberculous.	Number.	Number found tuberculous.	Percentage found tuberculous.
1949	27,584	2,651	9·6	8,399	266	3·2
1950	34,159	2,355	6·9	8,894	213	2·4
1951	40,622	2,276	5·6	9,915	291	2·9
1952	38,695	2,390	6·2	9,597	207	2·2
1953	43,747	2,504	5·7	11,194	231	2·1
1954	45,032	1,981	4·4	9,773	154	1·6
1955	53,624	1,777	3·3	10,849	150	1·4
1956	56,591	1,602	2·8	10,003	136	1·4



*Welfare.*—A summary of the work dealt with by the tuberculosis welfare officers is shown on Table 17. There is nothing fresh to comment on in this aspect of the work.

*Vaccination.*—During the year 2,125 contacts of known cases were protected against the disease with B.C.G. vaccine. In addition the vaccination of school leavers was conducted in areas 1, 3 and 6 and the number vaccinated was as follows:—

Area 1	..	..	..	..	593
Area 3	..	..	..	..	1,526
Area 6	..	..	..	..	1,218
					<hr/>
					3,337
					<hr/>

The report of the Medical Research Council's controlled trials with B.C.G. was published during the year. The report was very favourable and arrangements were made to extend the scheme by offering vaccination to all school leavers in the County. Detailed arrangements had been completed towards the end of the year and the extension of the scheme was expected to commence early in 1957.

On the whole the position concerning tuberculosis is very favourable. Many more people are referred for examination to chest clinics and in addition many more contacts of new notified cases are encouraged to attend at the clinic for investigation. The decline in the death rate from this disease continues and is now joined by a steady decline in the number of new notifications.

#### VENEREAL DISEASE

During 1956 the number of Middlesex patients attending for the first time clinics in London or Middlesex was 3 more than in 1955, and 552 more than in 1954.

The number of patients suffering from syphilis and gonorrhoea rather than other conditions shows a slight rise, but it is not sufficient to have any real significance.

The County almoners continue to attend the venereal disease clinics which are held at hospitals within the County, and to follow-up those patients who fail to complete treatment, or patients referred to them. Because of the short course of treatment usually required, follow-up is rarely necessary except in the case of pregnant women and young children. The almoners find that there is an increasing number of girls under 18 attending venereal disease clinics. These girls may not be in need of treatment, or may be suffering from a condition other than venereal disease, but they attend the clinic for a check up of their own accord, mostly without referral from a general practitioner, but on the advice of girl friends. From the public health point of view, their willingness to submit themselves for examination is obviously welcome, but their acceptance of the need to attend may well represent a social problem.

#### VACCINATION AGAINST SMALLPOX

The number of persons reported as having been vaccinated or re-vaccinated during the year was 25,577, an increase of 2,174 on the number recorded for 1955. Of this increase, 1,816 was in the infant age group.

Table 12 on page 67 sets out the numbers of vaccinations and re-vaccinations in age groups by areas.

### HEALTH CONTROL OF AIRPORTS

The Health Control Units in the north and central terminal buildings of London Airport have worked smoothly and satisfactorily during 1956. The central terminal deals entirely with continental air traffic and the north terminal with the long distance flights. Port Health work is largely confined to the north terminal, as the majority of the continental flights come within the "excepted area" agreements. Other duties such as National Health Service ambulance commitments, &c., are more or less equally divided between the two terminals. Examination of arriving aliens and Form Port 12 cases occur more frequently in the central terminal.

There has been no change in health control procedure. All passengers arriving from endemic areas are cleared by Health Control, their vaccination certificates are checked and yellow warning cards issued.

The number of planes arriving totalled 35,695, an increase of 4,954 on the previous year. Similarly passengers arriving totalled 1,079,651, an increase of 160,058.

The number of planes requiring disinsectisation certificates totalled 3,038 for the year, an increase of 385.

The ruling that any case of poliomyelitis under 21 days is considered to be infectious has been widely circulated to the different airline officials abroad. This has resulted in no cases being sent to this country until the probationary period has passed. The cases which have arrived have therefore been considered as non-infectious.

The number of aliens arriving holding Ministry of Labour permits have increased by 622. The total number examined for the year was 2,858 as compared with 2,236 during 1955. There was a large increase in the number of aliens arriving for medical treatment, 783 requiring the completion of Aliens Order Form Port 12.

The air crew medical examination centre has been working satisfactorily. The total number of examinations was 1,456, an increase of 14 over the previous year.

The number of air traffic control officers and Ministry of Transport and Civil Aviation personnel medically examined totalled 348, an increase of 179.

The number of sick staff treated has increased by 718. The total number for the year was 3,009 as compared with 2,291 for the previous year. Sick passengers, exclusive of ambulance cases, numbered 1,046, an increase of 41.

The total of 1,360 ambulance cases shows an increase of 47 on the previous year and will probably continue to increase, as speedy air travel makes specialist treatment in the United Kingdom more easily available. The following figures give an analysis of how cases requiring ambulance transport were dealt with during 1956:—

(a) National Health Service	..	..	745
(b) Private	..	..	396
(c) Service R.A.F.	..	..	189
(d) St. John Ambulance Brigade and British Red Cross Society	..	..	30



The maximum co-operation continues to be received from Hillingdon and West Middlesex Hospitals in dealing with sick arrivals, also transit sick, requiring overnight or longer hospital accommodation and attention.

The number of mental cases dealt with on arrival totalled 158 as compared with 105 in 1955, an increase of 53. These cases were mostly British subjects who are dealt with by the mental welfare officers (duly authorised) in consultation with airport medical officers.

During the year four deaths occurred of passengers during flight. Three were due to coronary thrombosis and one to hyperaemia of brain. On the 1st October an R.A.F. Vulcan Bomber crashed. The medical officer was at the site of the crash within a few minutes. Of the crew of six, only two survived, using ejector seats from the aircraft.

### BLIND PERSONS

During the year 623 reports on Form B.D.8 were received in respect of new cases for consideration of their admission to the register of blind or partially sighted persons. In addition, 179 reports on old cases or persons transferred from other areas were reviewed.

The classification and follow-up of persons on the register of blind or partially sighted persons during 1956 is given in the Table on page 94.

Home teachers for the blind visit all registered persons and follow-up on the treatment and advice recommended by ophthalmic surgeons. There is very good co-operation between the officers of the County Council and hospital authorities on the follow-up of patients.

### NATIONAL HEALTH SERVICE ACTS

A definite increase in the number of births notified in the County (1,255 is the total increase in the adjusted figure) appears to indicate that the post-war fall in the birth rate has been halted. Reference to the statistical tables on pages 75 to 77 will show, as is to be expected, an increase in most of the corresponding sections of the work in the clinics, by the health visitors and by the midwives. This is to be welcomed. An increasing sense of usefulness provides a stimulus and an incentive to the staff and results in better service to the people.

The year has been an interesting one in other ways. It has seen the setting up of the Maternity Services Committee—one outcome of the Guillebaud Report, in which it was remarked that “the maternity services seem to be in a state of some confusion”. Under the chairmanship of the Earl of Cranbrook, its terms of reference are to review the present organisation of the maternity services in England and Wales, to consider what should be their content, and to make recommendations. The recommendations may well affect the services of local health authorities to a considerable extent.

Half way through the year, a memorandum on ante-natal care was received from the Ministry of Health. This embodied advice from the

Standing Maternity and Midwifery Advisory Committee, endorsed by the Central Health Services Council. It is an endeavour to create a closer liaison between the three parts of the maternity services (hospital, local authority and general practitioner), which are jointly concerned with that most common cause of perinatal death—toxaemia of pregnancy. Meetings have been (and still are being) held over the whole County between professional representatives of all three bodies to discuss the problem and to try to arrive at some workable solution. It is too early as yet to report on the results, but it need hardly be said that nothing but good could come from a continuation of such meetings, and that wider powers could with advantage be delegated to these liaison committees, which also might well be incorporated where possible with the general purpose medical liaison committees, to whose invaluable work reference is made below.

Members of the area staffs have participated in two interesting surveys during the year. The first—the effect on the foetus of virus diseases in pregnancy—is a continuation of work begun about three years ago. It is hoped that from it more may be learned about the cause of certain congenital defects—deafness in particular. Work on this was done in Australia and New Zealand a few years ago and dramatic findings were published. So far, the results obtained in this country and in America do not support these findings, but an explanation of the discrepancy has not yet come to light.

The second survey is in connection with the number of deaths in children from leukaemia. This fatal malignant condition has been responsible for an increasingly large number of deaths of children in recent years, and maternal X-ray examinations have been suspected to be one of the causal factors.

Both of these surveys are important forms of research—true preventive medicine equally as valuable, if different in kind, as that associated with the usual functions of a local health authority.

## LIAISON

The National Health Service costs the country many hundred millions of pounds each year and the citizen is entitled to feel that his money is being well spent. One important way of preventing waste and securing the best service to the individual is to make sure that the various branches of the service are fully co-ordinated at all levels. This is nowhere more important than at local level. If the doctors in the hospital service, the general practitioners and the public health medical officers can meet to discuss their common problems at regular intervals they come to see the needs of the patient as a whole and to appreciate the attitudes and problems of those serving in other parts of the same great service.

For some years there have been two Liaison Committees in the Middlesex area; one, the Central Middlesex Committee, covering Willesden and Acton, and the other, the North Middlesex Committee, covering Tottenham, Edmonton, Southgate and parts of neighbouring boroughs. In 1955 the South West Middlesex Committee was set up and in 1956 two new Liaison Committees came into being, these covering Harrow, Wembley, Hendon, Finchley through the Hendon Committee, and Enfield through the Enfield Chase Committee.



It is gratifying to record that the statutory bodies charged with the running and the governance of the Health Service have readily recognised these Committees, and have on several occasions received and carried out suggestions made by the Committees.

The greater part of the County of Middlesex is now covered by such liaison machinery and it is hoped that in the near future it will be possible to cover the whole of the County in this way.

## Section 22

### CARE OF MOTHERS AND YOUNG CHILDREN

*Clinics.*—The restrictions placed by the government on capital expenditure continue to delay the County Council's plans for the building of new clinics in those areas where housing development is taking place and for the replacement of existing but unsatisfactory premises. However, during 1956 two new purpose-built clinics were opened, the Dr. Marjorie Back Clinic, Bedfont, and the Westmead Clinic, South Ruislip, whilst three clinics were opened in adapted premises: Approach Road, Edgware; King Street, Southall; and at the Area Health Office, Tottenham. All of these were replacement clinics with the exception of the one at Tottenham.

At the close of the year 675 ante-natal sessions per month were being held at 118 clinics (685 sessions at 114 clinics in 1955) and 1,362 child welfare sessions per month were being held at 142 clinics (1,301 sessions at 140 clinics in 1955).

There was an increase of 312 in the number of women attending the ante natal clinics and 950 in the total number of attendances as compared with 1955 but this increase was not general throughout the County.

In contrast to this experience, the attendances of mothers at the County Council's clinics for post-natal examination has shown a progressive decline for the past three or four years. The following table shows the figures for the past five years:—

<i>Number of women</i>				<i>Total attendances</i>	<i>Total live births</i>
		<i>who attended</i>			
1952	..	..	4,668	5,737	30,418
1953	..	..	4,664	5,626	29,993
1954	..	..	4,207	5,264	29,505
1955	..	..	4,063	4,866	29,199
1956	..	..	3,395	4,189	30,664

This trend gave rise to some speculation and anxiety as to whether the arrangements for post-natal examinations were generally adequate throughout the County and toward the end of 1955 an enquiry into the relationship between the number of women examined, whatever the agency, and the total births, was made.

The result made it clear that the bulk of the women who had their confinements in hospital, attended the hospital for their post-natal examination, while those who were delivered at home, obtained a post-natal examination from a private practitioner under whose care they had been during their

pregnancy in accordance with the provisions of Part IV of the National Health Service Act.

It was ascertained that over the County as a whole, approximately 89 per cent. of all women who had attended ante-natal sessions at one of the County Council's clinics received a post-natal examination also, which may be considered a satisfactory figure. Of the women found as a result of examination to need treatment, at least 93 per cent. were definitely known to have obtained it, and this may be considered a very reasonable proportion.

At the child welfare clinics there was an increase of 4,018 in the total number of children who attended during 1956 as compared with 1955, whilst the total attendances increased by 22,228. Although the number of children in attendance increased in all areas the total attendances showed a slight decrease in Areas 4, 5 and 9.

*Day Nurseries.*—Further consideration was given to the position of the remaining day nurseries. By the judicious use of transport for certain priority cases, it proved practicable to close a further 6 nurseries, leaving a total of 35. A reduction in the number of places in certain of the remaining nurseries brought the total number of places to 1,588. At the end of the year there were 1,286 children on the registers, with an average daily attendance of 1,053.

It was considered that 20 nurseries should provide a sufficient number of trained staff to replace wastage, so the approval of the Ministry of Health was sought and obtained to the recognition of this number of training nurseries.

Registrations under the Nurseries and Child Minders Regulation Act 1948 now cover a total of 2,116 places, an increase on last year of 223. The scheme in Area 3 whereby approved daily minders receive fees from the Authority has continued with an increase of one only—there are now 63 minders caring for 71 children. It might well prove profitable, in every sense, to extend this scheme to other areas—particularly where transport has to be provided for long distances, or where nursery attendances are low. Such a plan would need careful and stringent supervision, but, with that proviso, could benefit the children concerned in that they would lead a more normal and homelike life than in a day nursery.

*Mother and Baby Homes*—The number of cases handled by the Special Services Almoners was 652, an increase of 99 on the previous year. Table 28 on page 80 does not give a precise picture of the numbers involved, as some cases are included more than once.

The British Red Cross Society closed the two hostels in Golders Green at the end of June. This meant a loss of 28 beds, 14 ante-natal beds at 16 The Park, Golders Green, and 14 post-natal beds and cots at Maryland. This, of course, has caused great difficulty in placements and has greatly increased the work of the almoners. Many of the girls have had to be admitted to voluntary and denominational homes at some distance outside Middlesex. Fortunately, suitable premises became available in Torrington Park, Southgate, which can contain the same number of beds. Approval to purchase of the premises was given by the Ministry of Health, and it is hoped to enter into occupation in the Autumn of 1957.

The average length of stay in the homes shows very little difference from the preceding year, although in some cases there has been delay in discharging



the mother and baby. Such delay is chiefly due to difficulty in making suitable arrangements for children of mixed races, of which there are an increasing number.

#### DENTAL CARE

The following report on the operation of the priority dental service during the year has been prepared by the Chief Dental Officer, Mr. J. V. Bingay, *M.B.E.*, *L.D.S.R.C.S.*:—

“ After some years of fluctuation the dental officer staffing position in this County appears to have assumed a position of some stability.

This is confirmed by a study of the number of sessions devoted to inspection and treatment in both the school health and maternity and child welfare services during the last four years which are as follows:

1953—35,039, 1954—36,847, 1955—36,471, 1956—36,179. Of these totals an average of approximately 11 per cent. have been allotted to the priority service.

The figures quoted above compare favourably with the return for 1951 which totalled 24,299.

The recruitment of whole-time dental officers has shown little or no improvement, and the level of employment has been maintained largely through the use of part-time officers on a sessional basis: a policy which is in accordance with the recommendations of the Ministries of Health and Education as an interim measure until such time as candidates for whole-time dental officer posts are again available.

With the knowledge of a great and increasing national shortage of dental surgeons, I feel that the County Council will do well if numbers are maintained at the present level during the critical period of the next decade.

#### *Ministry of Health Survey*

The most important event during the year under review was the publication of the results of a survey of the County dental service carried out by the Ministry of Health.

The officer responsible for the survey was Miss E. M. Knowles, *O.B.E.*, *F.D.S.*, a Senior Dental Officer of the Ministry whose investigations, carried out over a period of nine months, were most exhaustive and included inspection of all clinics and surgeries together with personal discussions with the individual dental officers working therein.

It would be fitting for me to pay tribute to Miss Knowles for the way this survey was carried out. Although conducted with extreme thoroughness, Miss Knowles was always at great pains to avoid disruption of work, both at Head Office and Area level, and I am certain that her talks to the dental officers have provided an excellent stimulus. I can state with truth that what could well have been an onerous task, became a pleasant and rewarding experience under Miss Knowles' guidance.

As a result of the survey, a letter from the Ministry of Health has been received by the County Council, and it is of such importance that I



feel justified in setting out the contents in full, together with my observations to the County Medical Officer:—

*Copy of letter received from the Ministry of Health*

‘ 9th January, 1957.

Sir,

*National Health Service Act, 1946*

*Priority Dental Service for expectant and nursing  
mothers and children under 5*

I am directed by the Minister of Health to say that he has had under consideration the report made by Miss E. M. Knowles, one of his Senior Dental Officers, following her visits during 1955 to different divisions of Middlesex County Council for the purpose of examining the Council's arrangements for the priority dental classes.

The Minister is particularly pleased to learn of the good standard for treatment of patients in the priority classes which is demonstrated in particular by the extent to which the number of teeth filled or conserved exceeds the number of extractions. In 1954 the average number of conservations, 2·7 per child treated, was the best performance in the country. The excellent work completed by Areas VI and X which, combined, amounts to one-third of the work of the entire County, also deserves special commendation.

I am, however, to point out that compared with previous years there was a decline in the number of mothers and pre-school children treated in 1955. As dental officers seldom see the priority classes before they attend the clinic for treatment the success of the service depends, to a large extent, on the encouragement which medical officers, health visitors and midwives can give to mothers to obtain treatment for themselves and also for their children. The Minister would suggest that special attention should be given to young women undergoing their first pregnancy, and that those who have no dentist of their own or are new to a district should be referred to dental officers for advice and for such treatment as may be necessary.

The Minister is also glad to hear that the evening sessional scheme has proved successful both in providing additional treatment and in encouraging dental staff to remain in the authority's service. He notes also with approval that the number of dental staff has increased, and that practitioners are being employed on a sessional basis until a full establishment of dental officers can be secured. The arrangements for all general anaesthetics to be administered by experienced medical practitioners are most satisfactory; benefiting both the patients and the dental officer, who is enabled to spend his whole time on dental surgery. The Minister is also favourably impressed with what he has heard of the work of the dental laboratories in the construction of the prosthetic and orthodontic appliances. He is pleased to know of the importance given to dental health education as a part of the routine of medical officers and health visitors as well as of the dental staff.

The general high standard of dental clinics and equipment also created a good impression. He has been informed that the clinics which have recently been built, and others which have been successfully adapted, are all excellently equipped, and is particularly glad to learn that each area has X-ray facilities. Mention should, however, be made of the unsatisfactory clinic at Stanley Road, Teddington, and it is hoped that the Council's programme for clinic development will provide for better premises in this area when financial circumstances again permit. The Council will be aware also that some of the older clinics require modern equipment, including dental chairs, units and cabinets. The Minister understands that the Principal Dental Officer is replacing older equipment by new as circumstances allow.'

*Observations of Chief Dental Officer on letter received from the Ministry of Health*

'I note with pleasure the commendations of the Minister both on the standard of the treatment provided and the fact that the number of teeth conserved has greatly exceeded the number of teeth lost by extractions.

It has always been the aim of this service to conserve teeth where possible, and indeed since the year 1952, when the staffing position commenced to improve following the difficult period of 1949-1951, the County service has succeeded in its efforts to conserve the greater proportion of the teeth attacked by dental disease.

It is interesting to learn that the figure of 2.7 conservations per child achieved by the County service was the highest figure reached in the whole country, and is a pointer to the high quality and efficiency of the dental officers employed by the County Council.

In the report of the Ministry of Health recently issued the statement is made that only two other counties, and one county borough, succeeded in reaching the target where conservations exceeded extractions in the case of both mothers and young children, and in order that the position can be appreciated more easily, I set out below a table showing the national figures for the year 1954 as compared to those achieved by the County service. I would, however, point out that the national figures appear more favourable than they should be for the purposes of this comparison, as they include the Middlesex returns.

TREATMENT PER 100 PATIENTS IN 1954

	Expectant and nursing mothers.				Pre-school children.	
	Scalings.	Fillings.	Extractions.	Dentures.	Fillings and conservations.	Extractions.
National figure ..	41	112	306	42	125	137
Middlesex ..	58	218	167	30	270	102



The Minister has commended the work completed in Areas 6 and 10, and in this I concur. I would, however, point out that these areas have been more favourably placed in regard to dental staff than other areas, and indeed during the year under review (1954) employed between them 27 per cent. of the total County dental staff.

The decline in the total number of mothers and pre-school children who were treated in 1955 as compared to 1954 follows the regular pattern which has been in evidence since the implementation of the National Health Service Act, 1946. The pattern, given in terms of patients referred to and examined by dental officers is as follows: 1950—12,703, 1951—12,357, 1952—12,138, 1953—11,650, 1954—11,578, 1955—10,794.

The decline is no way due to the inability of the service to provide treatment for these patients, nor indeed is there any evidence that prospective patients have to wait an inordinately long period to receive any necessary treatment. In my opinion this is a natural corollary to the fact that a greatly increased and increasing number of mothers, pre-school children and indeed, in certain areas, school children are receiving treatment through the General Dental Service.

My experience has been that the medical officers, health visitors and midwives are most meticulous in giving advice and help on dental matters to the mothers who are seen at the welfare centres and this is confirmed by information received from the County Area Dental Officers.

I agree, however, that our efforts must not be relaxed in any way and as you are aware, I have already discussed with you the desirability of a cross-section survey in this connection.

The Minister's reference to the success of the evening sessions scheme is duly noted, and as you are no doubt aware, an increasing number of local authorities are adopting this scheme which was pioneered by Middlesex.

The remainder of the report deals with the scheme for the administration of general anaesthetics, the dental laboratories, clinics and clinic equipment, all of which appear to have the approval of the Minister.

The final paragraph refers to the unsatisfactory clinic premises at Stanley Road, Teddington, and in this I agree. The position is, however, as you are well aware, that a project to build an *ad hoc* clinic at Church Road, Teddington, has been submitted by the Area 10 Health Committee. This building would accommodate the services now operating from Stanley Road Clinic.

Finally a plan for the replacement of obsolete dental equipment is in being, but a scheme of this type must take into consideration staffing position and financial trends.'

*Statistical Information.*—The statistical picture is much the same as that for 1955. In the case of the nursing and expectant mothers, 3,680 were inspected by dental officers as compared to 3,654 in the previous year,



an increase of 26. A slight drop in the number of children under 5 years examined was experienced, i.e., from 7,140 to 6,958.

Fillings for expectant and nursing mothers increased by 186 and decreased in the under fives by 108. The overall picture therefore shows little change.

The recently published report by the Ministry of Health on the ‘State of the Public Health’, gives a wealth of information concerning the various sections of the health services and it is now possible to compare the work of the priority dental service in the County of Middlesex with the rest of the local authority priority services in England and Wales. I therefore set out below the appropriate figures.

It will be noted that for the years 1955–1956 Middlesex figures only are given. This is due to the fact that the national figures for those years are not yet available.

LOCAL AUTHORITY  
MATERNITY AND CHILD WELFARE SERVICE  
ENGLAND AND WALES  
RETURNS FOR YEARS 1952–1954  
(Middlesex returns in brackets)

			Expectant and nursing mothers. (Per 100 patients treated.)				Pre-school children. (Per 100 patients treated.)	
			Scalings.	Fillings.	Extrac- tions.	Dentures.	Fillings and con- servations.	Extrac- tions.
1952	..	..	30 (54)	85 (192)	207 (180)	29 (30)	113 (245)	128 (116)
1953	..	..	61 (55)	113 (200)	290 (170)	38 (29)	123 (253)	139 (106)
1954	..	..	41 (58)	112 (218)	306 (167)	42 (30)	125 (270)	137 (102)
1955	..	..	— (53)	— (208)	— (154)	— (35)	— (267)	— (103)
1956	..	..	— (49)	— (223)	— (164)	— (33)	— (284)	— (100)

*Conclusion.*—As in the case of the school health service, the priority dental service seems to have reached a stage of stability after a period of wide fluctuation. If the present staffing-patient ratio can be maintained, I feel that with the very welcome assistance given by the general dental service, a reasonably efficient priority dental service will continue to operate in the County. However it is inevitable that one should face the future with some feelings of trepidation knowing how difficult it is to recruit dental officers to this service.

I can only hope that my fears will prove groundless.”

Section 23

MIDWIFERY SERVICE

The Council’s midwives attended 6,340 cases, an increase of 334 on the previous year. The number of midwives employed at the close of the year was 105, a reduction of 2, and 133 pupil midwives received training for Part II

of the Central Midwives Board examination. The midwifery establishment has now been reduced to the lowest figure compatible with safety. As the number of domiciliary births rises, so will the establishment need to be increased.

The use of trilene as an analgesic is proving satisfactory and the demand for it is increasing, so further sets of apparatus have been purchased. This does not lessen the value of classes in relaxation and preparation for childbirth, for there are relatively few women who are so constituted that childbirth is entirely free of pain. The knowledge that effective analgesia is available if necessary, in itself enhances the confidence and relaxation engendered by the exercises.

## **Section 24**

### **HEALTH VISITING**

The staff of qualified health visitors was increased by 12 in the year, making a total of 239 employed at the end of the year with a reduction in the number of clinic nurses employed. Visits to expectant mothers and children under 1 year of age paid by the general health visitors showed an increase. The chief event of interest to health visitors during the year was the long awaited publication of the report of the Working Party on the field of work, training and recruitment of health visitors. This contains much of interest both to the County Council as employer and to the health visitors themselves. No pronouncement will be made by the Ministry upon the report until the Working Party on Social Workers has also reported, but nevertheless there is more than one matter upon which immediate action might be taken, and careful consideration is being given to the relevant sections of the report.

The training scheme at Chiswick Polytechnic continues successfully, candidates sponsored by areas working side by side with those granted major County awards. During the academic year 1955-56, 22 students attended the course, 14 of whom were appointed to the area health staff as student health visitors and 8 received major County awards. 17 passed the examination at their first attempt, the remaining 5 re-sat the examination and passed. There are 19 students at present attending the 1956-57 course, of whom 10 are sponsored and 9 the holders of major County awards.

## **Section 25**

### **HOME NURSING**

The number of patients nursed at home was less than the previous year by 2,150, but the total number of visits paid was greater by 3,136.

An enquiry has been begun into the organisation of the home nursing service particularly with regard to improved mobility. At the same time the importance of the human element and of all the imponderables and variables involved in a service so personal as home nursing must be given due weight in studying the mass of statistics that it is expected will result from this enquiry.

The training scheme at Willesden has continued successfully through the year. Eighteen candidates were trained and placed in the areas and there were again no failures. No official pronouncement has yet been made on the Working Party's report, although it is understood unofficially that local health authorities are to be encouraged to undertake training.



**Section 26**

## VACCINATION AND IMMUNISATION

Description of the services provided by the County Council under this section of the Act will be found under the heading "Infectious Diseases" (including prophylaxis) on pages 12 to 20.

**Section 27**

## AMBULANCE SERVICE

Although the concurrence of the Health Committee must be obtained in any decisions relating to the peace-time ambulance service policy, development, etc., the day-to-day management of the service is carried out by the Chief Officer of the Fire and Ambulance Service under the direction of the Fire Brigade Committee.

The following statement on the operation of the peace-time ambulance service for the year ended 31st December, 1956, has been prepared by Mr. A. Wooder, C.B.E., L.I.Fire E., Chief Officer of the Fire and Ambulance Service.

*"Demands on the Ambulance Service.*—The overall number of patients carried during the year has, for the third year in succession, shown a decrease. 17,541 fewer patients were carried in 1956 than in 1955.

The directly provided Service carried 2,748 more patients than in the previous year, whilst the Supplementary Services carried 20,289 less. Thus the directly provided Service has once again reduced the number of cases passed to the Supplementary Services, and has now completely eliminated the need to use hired vehicles.

The total mileage run during the year showed a decrease of 213,687 miles compared with the previous year and in spite of the increase in the number of patients carried by the directly provided Service, the total mileage of all the vehicles of that Service showed a decrease of 7,857 miles. In my two previous reports I have commented on this trend, which I consider to be attributable to the Ambulance Service Development Plan and it is gratifying to report again that it is still being maintained.

Details of the number of patients carried are set out below, together with the corresponding details for the previous year:—

				<i>Patients carried</i>	
				1956	1955
January	..	..	..	68,161	65,107
February	..	..	..	66,690	62,752
March	..	..	..	69,878	72,553
April	..	..	..	65,605	63,704
May	..	..	..	70,063	69,613
June	..	..	..	63,769	69,795
July	..	..	..	64,065	66,919
August	..	..	..	60,603	63,490
September	..	..	..	59,748	65,504
October	..	..	..	70,988	67,967
November	..	..	..	67,677	68,952
December	..	..	..	55,397	63,829
				<u>782,644</u>	<u>800,185</u>

Further statistical tables are set out on page 93.

*County Ambulance Control.*—I have referred in previous reports to the setting up of the County Ambulance Control, which has as its principal function the co-ordination of all the cross-county and out-of-county journeys. This ensures that vehicles running across Middlesex and those making journeys into the adjoining counties—into London, in particular—carry as many patients as can be properly handled and that the fullest use is made of the vehicles on the return journeys. I am pleased to report that this centralised control, which was originally regarded as being experimental only, continues to function with unqualified success, and there is no doubt that to its operation are attributable the very satisfactory results which are illustrated by the comparative figures relating to the directly provided Service, to which I referred in the opening paragraphs of this report.

*Vehicle Replacement Programme.*—In my last report, I referred to the fact that the year 1955 had been regarded as experimental so far as ambulances were concerned and that a Dennis prototype diesel ambulance was placed on order in July of that year and delivered in December. The experience which was gained of this vehicle during the first half of 1956, enabled me to recommend to the County Council that, on the grounds of economy in running, manoeuvrability in operation and general suitability, the vehicle replacement programme for 1956 should be fulfilled by the acquisition of 13 similar vehicles. Additionally, I recommended that a further 10 Trojan diesel-powered sitting case vehicles, of which type the Service already had considerable experience, should be purchased. The County Council approved my recommendation and, in due course, the contracts were placed. By 31st December, 1956, delivery of one of the ambulances and of three of the sitting case vehicles had been made. During the year also, delivery was made of seven Trojan diesel sitting case vehicles, the order for which had been placed in 1955.

The purchase of the 10 additional sitting case vehicles will have the effect of bringing the total number of such vehicles to 104, whereas the County Council's approved proposals for the Ambulance Service, under the National Health Service Act, 1946, limited the number to 100. The number of ambulances was limited to 150. An amendment to the proposals, providing that the maximum number of vehicles of both types should continue to be 250 but that there should be a minimum of 120 ambulances capable of carrying two or more stretchers, was accordingly submitted by the County Council and this was subsequently approved by the Minister of Health.

*Development Plan.*—During the year, three new depots, viz., No. 10 Ashford, No. 4 Park Royal and No. 2 Edmonton were opened. The restrictions on capital expenditure still delay the commencement of the work of building the three remaining permanent depots, although the last site required, namely that at Isleworth, has now been obtained after a public enquiry held by the Minister of Housing and Local Government.

*Transport by Rail.*—The railway authorities have continued to give the utmost co-operation to the Service in undertaking the removal of patients by train, under ambulance conditions. During 1956, 564 patients have been conveyed in this manner.

*Mutual Assistance.*—Mutual assistance arrangements with the adjoining ambulance authorities continue to operate satisfactorily.



*London Airport.*—The number of patients who require ambulance transport to or from London Airport continues to increase.

The arrangements agreed upon some months ago with the Ministry of Transport and Civil Aviation whereby the patient is removed from the aircraft to the Airport Medical Control by airport ambulance and, after examination by the Port Medical Officer, then become the responsibility of the Ambulance Service, continue to operate smoothly, and this opportunity is taken of acknowledging the assistance which the Service receives from that Officer and his staff.

*Civil Defence Ambulance Service.*—The County Council policy whereby ambulances which have become redundant to the needs of the peace-time Service are transferred to the Civil Defence Corps still obtains and seven such vehicles have been made available to the Corps during the year.

*Ambulance Service Efficiency Competitions.*—The annual efficiency competitions were held again in both the accident and sick removal branches of the Service. The Cleland Trophy was retained by the Enfield Accident Ambulance Station and the Baines Trophy was awarded to the Hillingdon Sick Removal Depot. The competitions will be continued in the forthcoming year.

*Control of the Use of the Ambulance Service.*—I am glad to be able to report that the downward trend in the number of cases, to which I referred last year, has continued in Middlesex although the returns from the country as a whole still show a steady increase. There is no doubt that the discussions and consultations with Management Committees and with individual hospitals which have taken place over the last four years have helped to ensure that ambulance transport should be restricted to those cases where the need on medical grounds is clearly established. This, together with the revised control arrangements within the Service, must have contributed materially to the decrease in the total numbers of patients carried."

## Section 28

### PREVENTION OF ILLNESS, CARE AND AFTER-CARE

*Tuberculosis and Venereal Diseases.*—Descriptions of the services provided by the County Council for the benefit of patients suffering from these diseases will be found on pages 16 and 20 of this report.

*Recuperative Holiday Homes.*—Careful scrutiny was given to all applications received to ensure that cases accepted were genuinely in need of recuperative care and not merely of holiday accommodation.

During the year the County Council accepted financial liability for the maintenance of 1,951 persons in recuperative holiday homes; 1,553 were admitted to such homes; of the remainder, 383 applications were cancelled or withdrawn and 15 were outstanding as at 31st December, 1956. Of the 1,553 cases admitted, 1,299 were adults, 89 were children under school age, and 154 were mental defectives sent to St. Mary's Bay Holiday Camp. The remaining 11 cases were mental defectives for whom short-term care was provided in cases of urgency, such as illness of a member of the family, the mother being in urgent need of a holiday, etc. In addition, 16 cases referred

in the previous year were admitted to recuperative homes. Children of school age were dealt with under Education Act powers.

Applications were received from the following sources:—

<i>Source</i>	<i>No. of cases</i>
Hospitals . . . . .	682
General practitioners . . . . .	743
Chest clinics . . . . .	316
Other (Local Health Authority's medical staff, voluntary associations, etc.) . . . . .	210
	<hr/>
	1,951
	<hr/>

*Chiropody.*—In addition to the service provided under Section 22 of the National Health Service Act, 1946, the chiropody services provided in Edmonton and in Brentford and Chiswick which were established before the National Health Service Act, also operate under Section 28 of that Act. These facilities are provided mainly for the elderly for whom chiropody is an important and indeed an essential service. Not only does it bring physical comfort, but it facilitates mobility and in its turn, mobility encourages health, often saving the individual from the need to seek residential care which otherwise would be necessary.

County Council grants made to voluntary organisations in recognition of chiropody services during the year were £10 to the Salvation Army Free Foot Clinic, Wembley, and £50 to the Harrow-Northwood division of the British Red Cross Society. Facilities are afforded in certain areas for chiropody sessions to be held by voluntary organisations on clinic premises free of charge.

The chiropody services which the County Council has been permitted to provide directly under Section 28 of the National Health Service Act, 1946, are far from adequate. It is understood that the Minister of Health has the whole question of chiropody services under review in conjunction with the recommendations contained in the Guillebaud Report.

*Loan of Nursing Equipment.*—Following the approval of the Minister of Health of the County Council's amended proposal under Section 28 of the National Health Service Act, 1946, for a scheme for the loan of nursing equipment through the agency of voluntary organisations, arrangements were made for the Middlesex Branch of the British Red Cross Society to operate the scheme on behalf of the County Council from the 1st November, 1951. During 1956, 15,959 loans of articles of nursing equipment were made to patients. The cost of this service for the financial year 1955–56 was £2,176. In addition to this a number of these articles were delivered to the patients' homes and the cost of their transport was £936.

*Health Education.*—Far and away the most important aspect of health education is the personal discussion and advice by members of the technical staff, doctors, health visitors, home nurses, and so on, with the public. The direct advice of a trusted person in a matter in which guidance is known to be needed, or indeed asked for, is invaluable.



At the same time it is useful to hold campaigns in which intensive teaching is given in one or other aspect of health education. It has been found by experience, so far as immunisation against diphtheria is concerned, that it is worth while to supplement the day-to-day propaganda of the staff in contact with the public by holding a special campaign early in the year. In 1956 a campaign was held throughout the County from February 20th to March 17th. This included publicity in the Middlesex Press which has always been most helpful in health matters, the showing of slides in cinemas and the use of posters and display cards.

In many parts of the County a campaign was held early in November, 1956, to try to reduce the number of accidents in the home, particularly to old people who are not only prone to be the victims of home accidents but who are of course particularly likely to suffer a serious injury.

The grave relationship between smoking and cancer of the lung places a duty on those responsible for health education to make it abundantly clear to the young that this is a very dangerous and undesirable habit to acquire. Recent surveys in schools have suggested that a high proportion of older boys and girls, and particularly boys, smoke regularly while still at school. With this in mind an open letter was addressed to leaders of youth clubs throughout the County and I am particularly obliged to the Chief Education Officer for arranging for its distribution. This letter simply gives the scientific facts about smoking and cancer of the lung and those other diseases such as bronchitis or heart disease in the causation of which smoking may play a part. It was stressed that it would be for each youth leader to tackle this problem in his own way but that the holding of discussion groups where the young people themselves could put forward the pros and cons of smoking might be a very good way of dealing with this matter and in those circumstances the letter would be a useful factual reference. This is a very difficult subject to handle. If the young are urged too strongly not to smoke it is greatly to be feared that their reaction may be the opposite to that which is desired. If, however, they are given the plain facts sufficiently clearly and sufficiently often, I do not despair that the fashion of smoking may give way to a less dangerous method of demonstrating the human body's capacity to absorb repeated insult.

In addition, an illustrated leaflet produced by the Central Council for Health Education entitled "The Adventures of the Wisdom Family" was distributed in senior schools where the pamphlet was considered likely to be effective by the area medical officer and the education authorities. Not unnaturally views differed on this matter, but in all, over 10,000 copies were distributed.

*Problem Families.*—Following consideration of the Ministry of Health's circular No. 27/54, approval was obtained in 1955 to an amendment of the County Council's proposals under Section 28 of the Act authorising the Council to make arrangements either directly or through appropriate bodies or organisations to assist in the prevention of break-up of families or their rehabilitation. Much consideration has been given to the method of implementing these powers and in the first instance it was decided to appoint two special health visitors in Area 3 for this purpose who will work closely with the staff of other departments concerned—Children's, Education and Welfare, but it had not been possible to recruit the health visitors by the close of the year.

*New Developments.*—Consideration is being given to the proposed setting up in Area 10 of a special clinic for the elderly, as an experimental pilot scheme for one year in the first place, at which they can be medically examined and given general health education. At the close of the year discussions were going on with the Middlesex Executive Council.

In addition, an extension of the home help service is under consideration to be used at the request of the Children's Department, on the lines of the family help service which operates so successfully in Kent. By avoiding taking the children into care in homes where the mother is in hospital or ill at home, not only is the family kept together but there results a considerable saving of expenditure on the part of the County Council. But in such a county as Middlesex where other calls on female labour are more attractive than domestic work, and where the home help service is stretched to the limit, it is not an easy scheme to arrange.

## Section 29

### HOME HELPS

Home helps attended a total of 13,167 cases, an increase of 102 on the previous year. Of this number, 8,040 were in the category "chronic sick including aged and infirm". The provision of an experimental night service was approved in February and began in June in Area 3, but has so far been used only to a very limited extent (see also report of Area Medical Officer on page 107).

Training of whole-time home helps has begun in a small way, including practical instruction on emergencies in the home, safety precautions, dealing with sickness, etc. The training is given by senior staff in the areas and is received with enthusiasm by the home helps themselves. It is hoped that this may develop in time into something which will prove an attraction to recruits to the service.

## Section 51

### MENTAL HEALTH

#### COMMUNITY PSYCHIATRY

Evidence continues to accumulate to support the conclusion that a great deal can be done in the community, given adequate facilities, to prevent mental breakdown necessitating admission to hospital. It is contended that not only is the provision of adequate community services relatively inexpensive as compared with hospital treatment but where this is an adequate alternative it is generally the better one since it is much more acceptable to the majority of patients. Often the measures necessary to allow a patient to make a satisfactory adjustment are primarily of a social character, specialised psychiatric treatment being less frequently required. It is necessary, however, for the service to ensure a close contact between the psychiatric social worker and the psychiatrist.

The seeds of much neurosis are planted in childhood and prolonged emotional turmoil and stress in childhood arising from a feeling of insecurity within the family are perhaps the most fertile causes of a failure in later life to make a satisfactory adjustment. It is, therefore, of the first importance to



do everything possible to prevent the onset of the situations which give rise to those conditions. It is of particular interest, therefore, that the psychiatric social workers in the County Council's mental health service are working in close co-operation with the Family Discussion Bureau. This bureau which operates under the aegis of the Tavistock Institute of Human Relations is staffed by highly skilled and very experienced workers and is devoted to the study and treatment of inharmonious marriages. Few things engender such prolonged misery as unhappy marriages, not only for the two people immediately concerned but for the family unit as a whole. The insecure unhappy and tense emotional climate transmitted, as it is, to the children, makes them in turn persons who are unlikely to have the capacity for making a satisfactory marriage. The satisfactory solution of these problems must be the very bedrock of preventive psychiatry.

A scheme for very close collaboration with the Family Discussion Bureau is due to start in 1957 and will be commented upon in some detail in my next report. If successful, the scheme when fully developed, should bring far-reaching benefits and it is hoped that it will lead to a reduced demand for most of the social services and in particular for child care. There can be no doubt that the best place for a child is its own home if that home can provide the sense of security and emotional satisfaction which is so necessary in the formative years of character and personality.

#### COMMUNITY WORK UNDER THE NATIONAL HEALTH SERVICE ACT

(a) *Psychiatric social work*.—Of all his patients it is probable that those suffering from neurotic or psycho-somatic symptoms (and they are the majority) present the general practitioner with the most difficult problems in the successful management of their cases and that in none does he feel more the need for the co-operation of the local health authority. In view of this the following report of the year's work, received from the psychiatric social worker for the East Central Division, is of particular interest.

“During 1956, 149 new cases were referred from various sources. The average number of weekly visits or interviews is now 25. The tendency, therefore, because of the large number of referrals and because of the fact that the psychiatric social worker has to work single-handed, was more that of short term social therapy, but a certain number of long term cases have been and are active since 1953. The short term interviews also include many cases that, after having been seen once or twice, have been dealt with by other social workers or doctors.

(1) One-third of the referrals came from general practitioners. In *The Lancet*, January 19th, 1957, p. 160, Dr. Neville Davis described in some detail an experiment undertaken with the psychiatric social worker.

One afternoon each week was set apart for a joint ‘mental health session’ with the psychiatric social worker in the doctor's consulting room. They decided to exclude children (for whom they both felt further experience would be necessary) and to include the following groups of patients:—

- (i) The overtly ‘anxious’ in difficulties either at work or at home.

- (ii) Those presenting mainly with somatic symptoms where reasonable steps had been taken to exclude physical illness, and where environmental stress was known or suspected.
- (iii) Those with a hysterical prolongation of an originally physical illness.
- (iv) Suspected psychotics.
- (v) Psychiatric cases requiring supervision by a general practitioner.

The following table shows the effects of treatment on the first 43 patients studied:—

Group.	No. of cases.	Response to treatment.		
		No improvement.	Partial adjustment.	Satisfactory adjustment.
1. Anxiety .. ..	20 (47%)	4	9	7
2. Psychosomatic .. ..	13 (30%)	5	3	5
3. Hysteria .. ..	2 (5%)	—	—	2
4. Pre-psychotic .. ..	4 (9%)	2	2	—
5. After care .. ..	4 (9%)	2	2	—
TOTAL .. ..	43 (100%)	13 (30%)	16 (37%)	14 (33%)

Dr. Davis, writing in *The Lancet*, states:—

‘ This experiment, which has been in progress for a year, has undoubtedly had its effect upon myself. With the help of the psychiatric social worker, I have gained some insight into normal and abnormal mental mechanisms. This has helped me in the routine conduct of my practice, and has amply repaid the time spent on the afternoon sessions. In many instances I can treat the less disturbed patients satisfactorily during my normal surgery hours. I am also gaining insight into my own emotional responses to my patients, and some whom I previously would have felt as a source of irritation and frustration, I now regard in true perspective as troubled men and women in dire need of help.’

(2) One-third of the referrals have come during the last year from the National Assistance Board Offices, some from Hendon and some from Wood Green. From these referrals it became evident that work has much greater significance to both men and women than hitherto perhaps realised. The main points which emerge from the cases studied are:—

- (i) Unemployment creates anxiety at the onset and depression in the ‘ chronic ’ unemployment stage. In this depressive state the will to work often recedes and the patient ‘ adjusts ’ himself to this new condition. This person with his ‘ couldn’t care less ’ attitude may give the impression of being ‘ workshy ’.
- (ii) Men are often able to adjust themselves to great stress in their environment if they are interested in their work.



(iii) If work does not mean an expression of the person's capabilities and is considered 'as a necessary evil', problems in the home environment become magnified and cause a great amount of friction.

(iv) Men sometimes undertake to do overtime not necessarily for financial reasons but because they want a way out from various difficulties in their home environment. It was interesting to note that many people complained that their breakdown was due to overwork, and did not want to face up to some of the reasons which led to this overwork.

From the work both with the National Assistance Board and with general practitioners, there seems to emerge the importance of looking upon the family as a dynamic whole and the need not just to treat one individual member of it. It seems that the psychological adaptation of some patients may have consequences affecting the family, often more dramatic than was the actual illness of the patient in the first instance. Out of the first 100 of the 342 cases referred in the past three years, in which this effect was apparent over a period of at least two years, 27 lived without families, and of the remaining 73, 21 cases (some member or members of the patient's family) had minor or major breakdowns during or after the recovery of the patient. This number includes two suicides, and several admissions to mental hospitals. To quote a case:—

P.S., male, aged 30, married with one child. Seen first two years ago when the diagnosis was schizophrenia, with occasional schizophrenic episodes in a schizoid personality. Had been seen by various psychiatrists at out-patient clinics and had one short admission to mental hospital as voluntary patient, but left against medical advice. He presented a picture of a highly intelligent but frustrated and unsuccessful man. He could not hold jobs for any length of time, and suffered from enuresis, nightmares, and could not and did not concentrate on reality. His wife seemed a very stable and understanding person, and did not show any kind of disturbance. After some months of supportive treatment, he started to get better, entered employment and has kept it since. While before, he was out a great deal at all times of the night, he now stayed in, redecorated the flat, and gradually bought new furniture, installed a television set and had the telephone put on, all of which indicated to him the rise of his social status, and gave him confidence. After a year he had enuresis only occasionally and said that he slept like a log. His wife, who was described by the patient previously as an angel, at this point, while admitting the remarkable change in her husband and in their way of living, started to be short tempered and get more and more depressed. She, who never before looked at another man, started flirtations with men at work. During the last eight months the husband has maintained his improvement, and it puzzled him to know what to do for his wife. She talks constantly about separation and divorce and said that she did not know why she had broken down. She now described herself as mentally disturbed and in need of help. In one of our recent interviews, the husband remarked 'it is a terrible thought, but is it possible that she wanted me to be ill?'

It seems, therefore, that this subject will have to be studied very carefully and that it may well be that in future, many cases will have to be dealt with by several psychiatric social workers, who would take on the whole family in order to avoid a general breakdown in that family.

‘ It seems to a certain extent that a dependent and sick person within the family may meet and satisfy the need of other members of the family who for their own reasons derive satisfaction from the support they have to give. When this situation is altered, by an improvement in the patient’s health, these relationships are exposed to a great deal of stress, as it is not always possible for all the members of the family to find within themselves, the ability to change ’. (M. Power, ‘ British Journal of Psychiatric Social Work ’.)

During the year, there was an increasing demand from social workers, doctors, etc., upon this department, either by telephone or personally for advice regarding mentally ill and emotionally disturbed people, and through this ‘ consultative ’ work, many people have been helped to adjust themselves without ever having been seen by this department.

Another aspect that has developed throughout the last year is requests from various organisations for lectures and discussions, the most important being the National Assistance Board. During last year, a lecture was delivered to the Area Officers of the S.E. Region in Carlton House, Westminster, where a very lively discussion followed the lecture given.

It is hoped that with the appointment of a second psychiatric social worker, we may be able to extend the services of the East Central Division in the coming year.”

(b) *Therapeutic social clubs*.—The County Council continues to support the therapeutic social clubs and the rehabilitative occupational therapy centre operated by the Institute of Social Psychiatry. These clubs meet weekly or more frequently and as far as possible are run by the patients themselves with a psychiatrist in attendance to give friendly and informal advice and help.

On the 13th of June, 1956, the County Council opened its first therapeutic social club at the Methodist Central Hall, Fore Street, Edmonton, for psychiatric patients residing in Tottenham, Edmonton and surrounding districts. Meetings are held each Wednesday evening from 6.30 p.m. to 10 p.m. with an average attendance of over 30 patients. The activities of the club, such as table tennis, darts, dancing, and play-reading groups, etc., are developing and it is hoped in the future to introduce visiting speakers to interest the members. Two psychiatrists provided by the Regional Hospital Board attend the club each week and each takes a group of people for group therapy. The members of the club have formed a committee to organise its various functions.

The success of this venture has been mainly due to the efforts of Miss A. Williams, one of the County Council’s psychiatric social workers who has been responsible for running the club, and to Dr. Pippard, psychiatrist, and Miss Swaine, psychiatric social worker from Claybury Hospital.

(c) *Mental after-care homes*.—Arrangements were continued with the Mental After-Care Association for the placement of people who no longer required treatment in hospital but who for various reasons were unable to be discharged to their homes.

Some of these required temporary help for a few months before leading an independent life in the community; in others the admission was on a long-term basis.

During 1956, 11 cases were admitted and at the end of the year there were 25 cases still in residence in the homes.



## COMMUNITY WORK UNDER THE LUNACY AND MENTAL TREATMENT ACTS, 1890-1930

Owing to a steady increase in the number of cases dealt with over the past few years it became necessary to increase the establishment of mental welfare officers by one during the year, making 25 officers in all, organised in five divisional offices each serving the catchment area of one or more major mental hospitals. Throughout, the work has been undertaken smoothly and efficiently, although at times the officers have been under considerable strain.

The statistics relating to cases dealt with under the Lunacy and Mental Treatment Acts during the year will be found on page      of the Appendix.

## COMMUNITY WORK UNDER THE MENTAL DEFICIENCY ACTS

(a) *Supervision in the home.*—There are 2,499 defectives of all ages under supervision in their own homes. Of these 1,955 are under “statutory supervision” and 544 under “voluntary supervision.” All children under 10 years and all female cases are visited by lady supervision officers. The males over 10 years old are visited by the mental welfare officers.

Defectives are notified from various agencies but the bulk are reported under section 57 of the Education Act, 1944.

The great majority of cases leaving schools for educationally subnormal children are so notified, and, in most schools, it is possible to hold a “school leavers” conference whereby the headmaster, school doctor, mental health medical officer, youth employment officer and prospective supervising mental welfare officer discuss each case about to leave school with the parents, who are invited to attend. Such close working on the part of those concerned is invaluable in the delicate task of placing these young people in suitable jobs.

It also provides an opportunity for the parents to receive advice and to meet the doctor from the health department before formal notice is given by the Education Committee.

The quality of the supervision given by the mental welfare officers is generally very high. It is felt, however, that in many cases more frequent visiting than is possible at present would be advantageous.

An increasing number of very young children are now being referred informally by area health staff. In these cases no action is taken to “ascertain” the children or to prejudice their future, particularly with regard to education, in any way. The parents can often be helped in this way to adjust themselves to the emotional shock of having a backward child. This emotional reaction on the part of parents conditions their future attitude towards the child, which is too often one of over devotion or rejection. This is the time when parents need help most.

(b) *Institutional care.*—During the year 166 persons were admitted to mental deficiency hospitals. There has been a great improvement in the waiting list for institutional care over the past few years and this no longer constitutes the great and tragic problem it was. The change is due to the provision by the North West Metropolitan Regional Hospital Board of a large number of new beds and by the continued progress made by the County Council towards a really comprehensive community care service.

The position is summarised in the table below:—

<i>Cases awaiting admission to institutions</i>						
<i>December 31st</i>				<i>Urgent</i>	<i>Non-urgent</i>	<i>Total</i>
1952	..	..	..	207	206	413
1953	..	..	..	149	212	361
1954	..	..	..	156	141	297
1955	..	..	..	36	125	161
1956	..	..	..	23	50	73

(c) *Guardianship*.—At the close of the year there were 312 defectives under guardianship. During 1956, nine patients were admitted to guardianship locally and a further eight patients were admitted through the agency of the Guardianship Society, Brighton.

(d) *Clinics*.—Mental health clinic sessions are now held regularly in Staines, Brentford, Edmonton and Enfield in child health clinic premises. This provides an opportunity for parents of defective children to consult the medical staff without previous appointment and is a help to older defectives in the community. Another advantage is that it is an economical use of the doctor's time.

(e) *Special training schools (occupation centres) and practical training centre (adult occupation centre)*

(i) *Existing schools and centre*.—Present schools and centre and particulars of places available at them are as follows:—

<i>School</i>							<i>Number of places</i>
Brentford	..	..	..	..	..	..	75
Hornsey ..	..	..	..	..	..	..	65
Hanworth	..	..	..	..	..	..	60
Hillingdon	..	..	..	..	..	..	80
Harrow ..	..	..	..	..	..	..	72
Willesden	..	..	..	..	..	..	30
Neasden ..	..	..	..	..	..	..	80
Enfield ..	..	..	..	..	..	..	30
Edmonton	..	..	..	..	..	..	65
Total .. .. .							557
Southall Practical Training Centre .. .. .							60

No new schools or centres were provided during 1956, but the waiting list has been considerably reduced. It is now possible to admit children to special training schools who live anywhere within the County boundary and the waiting period prior to admission is generally not more than two or three weeks.

(ii) *Provision of meals*.—Mid-day meals at special training schools and the practical training centre are provided as follows:—



*Meals cooked on premises*

Edmonton.  
Neasden.  
Harrow.  
Brentford.  
Hanworth.  
Southall.

*School meals provided*

Enfield.  
Hornsey.  
Willesden.  
Hillingdon.

(iii) *Transport*.—The great majority of patients attending the special training schools and practical training centre are transported to and from various picking up points within a reasonable distance of their home addresses. Transport for children attending the Enfield Special Training School is provided through the Divisional Education Executive for Enfield, which also provides transport for certain children attending the Edmonton Special Training School.

(iv) *Holiday camp*.—Arrangements were made for a party of 126 children from the County Council's special training schools to attend the St. Mary's Bay Holiday Camp, New Romney, Kent, from the 24th August to the 7th September, 1956, and a party of older boys from the practical training centre attended the camp from the 25th May to the 4th June, 1956. One escort was provided for every eight children attending the camp and Dr. Fidler, senior medical officer, accompanied the younger children and Dr. Bennett, principal medical officer for mental health, attended the camp with the older lads. This is the sixth consecutive year that such holidays have been arranged and they are greatly appreciated by the children and their parents.

(v) *Wolf-Cub packs*.—In 1956 arrangements were made for a number of children from the Neasden and Willesden Special Training Schools to attend weekly meetings of their respective local wolf-cub packs. This venture has proved most successful and the meetings are thoroughly enjoyed by the boys concerned. It is anticipated that similar arrangements will be made for the younger boys in the other special training schools within the County.

(vi) *Southall practical training centre*.—The activities of the Southall Practical Training Centre are progressing satisfactorily and besides activities such as firewood chopping, woodwork, basketry and gardening, the lads continue to assemble cardboard boxes and cartons for a commercial firm. Many of the lads are becoming quite experienced in this type of work and in fact during 1956 three lads found work in local industry.

*(vii) Monetary rewards*

(a) *Adult male defectives*.—The lads attending the Southall Practical Training Centre continue to receive monetary rewards ranging from 1s. 6d. to 5s. per head per week according to ability, diligence and application to the job, but as many of the lads have shown progress in the particular type of work which they are doing provision has been made for these rewards to be increased during the forthcoming year.

(b) *Adult female defectives*.—In January, 1956, the Minister of Health approved of a further amendment to the County Council's proposals under

Section 28 of the National Health Service Act whereby the scheme for monetary rewards could be extended to female mental defectives undergoing industrial training at the County Council's special training schools.

Since the 27th of February, 1956, a limited number of female high grade defective girls who are capable of carrying out simple domestic duties at the Council's special training schools have been paid sums ranging from 7s. 6d. per week to 15s. per week according to their capabilities, etc. These girls are known as orderlies and the Council's scheme allows for one orderly to every 30 places at any particular school.

(viii) *Medical inspections and treatment.*—In January, 1956, the Minister of Health approved the following proposals under Section 28 of the National Health Service Act, 1946:—

“The County Council will, through its existing services for the priority classes, provide dental and medical inspection and treatment of mental defectives of school age in attendance at the Council's special training schools and similar treatment for other mental defectives in the County up to the age of 16 years where such treatment cannot be obtained through services provided under Part IV of the National Health Service Act, 1946.”

Apart from the medical examinations which are carried out annually at the special training schools by the doctors of the mental health section, local area medical officers have been asked to assist, wherever possible, with dental inspections and treatment, head inspections, treatment for minor ailments, etc., for mentally defective children up to the age of 16 years either attending or not attending special training schools.

(ix) *Future projects.*—Consideration is being given to the following projects:—

1. The erection of a special care section in the grounds of Hanworth Special Training School to accommodate approximately 12 low grade and difficult children. It is hoped that this care section will open during the early part of 1957.

2. The provision, as soon as premises become available, of a practical training centre in the eastern part of the County. The County Council's officers have, on the instructions of the Health Committee, inspected no less than 14 different sites and properties in the eastern part of the County with a view to investigating their suitability for a centre of this type. Negotiations are still being carried out for certain properties and it is hoped that these will prove successful.

3. The provision of a practical training centre for high grade female adult defectives at Moorcroft, Hillingdon Road, Hillingdon. There are many girls over the age of 16 years in the community and attending the Council's special training schools who could be usefully employed in doing light industry work such as assembling cardboard boxes, packing nuts and bolts, etc., and laundering. This centre would be run on similar lines to the Southall Practical Training Centre and the girls would receive monetary rewards commensurate with their abilities.

4. The setting up of a 35-place practical training centre as an annexe to the Southall Practical Training Centre, at the former day nursery



premises, Acton Lodge, Isleworth. At a later stage it is hoped to erect a 90-place purpose built practical training centre in the grounds of Acton Lodge.

5. The National Association for Mental Health is considering the setting up of two hostels for high grade adult mental defectives in the Greater London Area and it is hoped to send cases to these hostels under Section 28 of the National Health Service Act, 1946. The defectives admitted to these hostels would be helped to earn their own living in industry.

The following projects were not proceeded with during 1956 for the reasons shown:—

1. The setting up of the hostel under Section 28 of the National Health Service Act, 1946. Not proceeded with as it is anticipated that the hostels set up by the National Association for Mental Health will meet the Councils' needs.

2. The erection of a purpose built special training school in Isleworth to replace the existing school at Brentford. It was not found possible to include this in the current year's capital building programme but it is hoped to go forward in 1957.

3. The provision of a short term care home at Moorcroft, Hillingdon Road, Hillingdon, to provide accommodation for 26 mentally defective children under Section 28 of the National Health Service Act, 1946, because the need was not considered sufficient to justify the considerable expense involved.

### **CIVIL DEFENCE AMBULANCE SERVICE**

In time of emergency the peace-time ambulance service will be integrated with the Civil Defence Ambulance and Casualty Collecting Section to form one integrated Civil Defence ambulance service. Although the peace-time administration of the regular ambulance service is under the control of the Chief Officer of the Fire and Ambulance Service, the County Medical Officer of Health has been designated the officer in charge of the ambulance service which the County Council is required to provide in the exercise of its Civil Defence powers. The officer responsible to him for the immediate management of the Civil Defence ambulance service is the Senior Ambulance Officer, Mr. F. Hannan, who has prepared the following report upon the progress of the service during the year under review:—

“ During early 1956, steps were taken to ascertain the effective strength of the Section. As a result, it was found there were 2,251 active members out of a recorded strength of 3,000. This afforded opportunity to make the Section more vigorous by recruiting several hundred additional volunteers in place of non-active members who were removed from the strength. By the end of the year the active strength had been raised to 2,500.

Following changes in the Civil Defence ambulance training syllabuses, arrangements were made to give all members of the peace-time ambulance service up-to-date Civil Defence training, so that they would be prepared to

take their part in the emergency ambulance service. At the same time a number of peace-time ambulance officers were sent on courses of Civil Defence ambulance instruction to the Home Office Civil Defence Training Schools.

In response to numerous requests eight teams were allowed to compete at the 1956 finals of the annual section competition which was held at Wembley on Sunday, 24th June, in the presence of some 1,500 spectators. An ambulance rally which was introduced for the preliminary rounds proved a popular event during which competitors were required to motor round a circuit of ambulance depots and hospitals and so prove their driving skill and knowledge of routes in the County. Benefit was derived from the competitive spirit engendered during the competition which encouraged volunteers to work together as teams and cultivate qualities of initiative and leadership.

The winners of the competition for 1956 were:—

(a) THE HARVEY CUP for the diagnosis of injuries and efficient application of first aid.

Winner: SOUTHALL.

(b) THE WAUTHIER CUP for driving skill, knowledge of routes to hospitals and ambulance depots quick turn-out of vehicle from ambulance station.

Winner: HENDON.

(c) THE SOUTHGATE CUP for general ability in casualty collecting and ambulance loading.

Winner: UXBRIDGE.

(d) THE SARPEA TROPHY for the team which displayed the highest all-round ability.

Winner: SUNBURY-ON-THAMES.

Two courses for ambulance instructors were held in 1956. The first, which was arranged at Wembley, afforded existing instructors the opportunity of being brought up-to-date with the latest advances in Civil Defence teaching. The second course which was organised at Chiswick, catered for fresh nominees selected as suitable for training as ambulance instructors. As a result of these courses 31 instructors obtained a Home Office instructor's certificate. During the year instructors gave tuition at some 1,400 ambulance classes. In addition, useful training for ambulance drivers in convoy work was gained during a series of mobile exercises. The functions of the Civil Defence Casualty Services were briefly outlined to senior industrial executives during a series of two-day courses for senior executives.

Arrangements were made to accelerate progress in the Casualty Collecting Section which has recently been added as an additional commitment to the ambulance section. Steps, were, therefore, taken to increase the establishment of 34 training ambulances by the addition of 10 casualty collecting vehicles which will be prepared, as available, from suitable redundant vehicles of the peace-time ambulance service. At the same time arrangements were made to obtain additional training equipment for this newly raised section.

Special efforts were made during the year to encourage members of the voluntary first aid societies to join the Civil Defence Corps. Although so far,



the response has not been good, it is hoped that the casualty collecting parties will soon attract members of these societies whose experience and skill will be invaluable.

Driving instruction during 1956 was confined to tuition and practice driving on ambulances by persons who are already qualified as car drivers. As tuition for non-drivers is a very costly business the emphasis on recruiting of members required for the section was placed on qualified drivers or men suitable for the casualty collecting parties.

Experience showed that it was not always possible to obtain volunteers in sufficient numbers for local exercises. To overcome this problem sub-divisions were grouped together into eight training groups and this arrangement led to an increased number of combined exercises which are a most valuable form of training. Several larger-scale combined exercises were held during the year at which study of the movement and control of forces and co-operation with the military provided valuable lessons.

Realism was encouraged during competitions and exercises by means of faking injuries on casualties. This was carried out by specially trained experts so as to introduce volunteers to the types of injuries which they would be required to diagnose and treat during an emergency.

There was a noticeable falling-off during the year in the attendances of volunteers at peace-time depots. It was, therefore, decided to extend the opportunity for attendance to a wider category of suitable volunteers willing to attend for practical duties alongside regular ambulance personnel."

## **PUBLIC HEALTH ACT, 1936**

### **Nursing Homes**

The County Council is the Authority responsible for the registration and supervision of nursing homes throughout the County, with the exception of the Borough of Ealing. Approximately 180 routine visits were paid by the authorised inspectors of the area health staffs, and in addition seven special visits were made by one of the principal medical officers.

Two new registrations were approved during the year and two homes were discontinued, leaving 51 homes on the register at the end of the year. There were 37 beds specifically approved for maternity cases.

## **NATIONAL ASSISTANCE ACT, 1948**

### **Old Persons Homes**

Nearly 100 visits were paid by area health staffs to residential homes in the County provided by the Council under Part III of the Act.

## NURSES ACTS, 1942—PART II

### Nurses' Agencies

There were seven nurses' agencies registered with the County Council in 1956. Seven visits of inspection with the appropriate Chief Inspector from the Public Control Department were made. No irregularities were discovered, all being well conducted.

### TRAINING OF B.O.A.C. STEWARDESSES

Following the temporary restriction in the scheme which took place in 1955, 29 stewardesses received training on child care during 1956.

All reports indicate great appreciation of the training received on the part of both the stewardesses and the general public.

## INSPECTION AND SUPERVISION OF FOOD

### MILK PRODUCTION AND DISTRIBUTION

The Milk (Special Designation) (Specified Areas) Order, 1951, made under Section 23 of the Foods and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, specified, as from the 1st October, 1951, the Administrative County of Middlesex as an area within which all milk sold by retail for human consumption (other than catering sales), must be specially designated milk, i.e., sterilised, pasteurised, tuberculin tested or accredited milk from a single herd.

Producers' licences to use the special designation "Accredited" expired on 30th September, 1954, and were not thereafter renewable. Accordingly the use of the special designation "Accredited" is no longer permitted and only sterilised, pasteurised or tuberculin tested milk can now be retailed in Middlesex.

At the end of 1956, 89 farmers and farms were registered with the Middlesex Agricultural Executive Committee under the Milk and Dairies Regulations, 1949. Twenty-four "Tuberculin Tested" milk licences were issued or renewed during the year, making a total of 68 in operation at 31st December, 1956. Sixty-seven of the herds belonging to holders of "Tuberculin Tested" licences were also attested under the scheme of the Ministry of Agriculture, Fisheries and Food.

In accordance with the Milk (Special Designations) (Raw Milk) Regulations 1949, no application to use the designation "Tuberculin Tested" has been granted since 30th September, 1954, unless the herd was registered as an attested herd with the Ministry of Agriculture, Fisheries and Food.

Thirty-four licences were issued by the County Council during the year under the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949-1953. One licensee discontinued processing during the year.

Local authorities still retain powers connected with milk production in so far as they relate to diseases communicable to man. An important aspect of this work which is carried out by the County Council is the sampling of milk with a view to examination for the presence of tubercle bacilli. Samples of milk are taken by inspectors of the Public Control Department either in course of retail or at the farms of origin, when these are situated in Middlesex, and submitted to examination in the pathological laboratory of Harefield Hospital.



The following table shows the results which have been obtained for each of the last 10 years:—

Year.	Number of samples for which a definite result was obtained.	Number containing living tubercle bacilli.	Percentage of tubercle infected milk.
(1)	(2)	(3)	(4)
1947 .. .. .	352	10	2·8
1948 .. .. .	384	12	3·1
1949 .. .. .	384	3	0·7
1950 .. .. .	384	3	0·7
1951 .. .. .	384	3	0·7
1952 .. .. .	385	3	0·7
1953 .. .. .	384	7	1·8
1954 .. .. .	384	7	1·8
1955 .. .. .	384	4	1·0
1956 .. .. .	364	3	0·8

The three infected milk samples shown in the above table, were all produced at farms in Middlesex where three infected cows were traced and slaughtered under the Tuberculosis Order, 1938.

The routine veterinary inspection of Middlesex herds is carried out by the Ministry of Agriculture. The Divisional Inspector of the Ministry furnishes the County Council with information as to the results of veterinary inspections and tuberculin tests of Middlesex herds. The figures for the past six years are set out in the table below:—

Year.	Number of clinical examinations of bovine animals.	Number found in which tuberculosis was suspected.	Number slaughtered.	Number in which diagnosis was not confirmed.
(1)	(2)	(3)	(4)	(5)
1951 .. ..	3,832	7	7	—
1952 .. ..	4,038	2	2	—
1953 .. ..	2,922	3	3	—
1954 .. ..	3,129	7	5	2
1955 .. ..	4,204	4	4	—
1956 .. ..	3,825	4	4	—

*Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949–1953.*—The sampling of milk under the above regulations is in the hands of the Public Control Department of the County Council. The following table sets out the results obtained from samples taken during the period 1st January to 31st December, 1956:—

Description.	Passed.	Failed.	No test applied.	Number examined.
(1)	(2)	(3)	(4)	(5)
Pasteurised and tuberculin tested pasteurised—				
Phosphatase test .. .. .	1,438	8	—	1,446
Methylene blue test .. .. .	1,174	4	268	
Sterilised—				
Turbidity test .. .. .	136	—	—	136
Total .. ..				1,582

Failures to comply with the prescribed tests were investigated by officers of the Public Control Department and steps taken to prevent a recurrence.

*Milk & Dairies (Channel Islands and South Devon Milk) Regulations, 1956.*—Reference to the important Food and Drugs Act, 1955, is made in the report of the Chief Officer of the Public Control Department which follows but mention may be made here of the Milk & Dairies (Channel Islands and South Devon Milk) Regulations, 1956, which were made under the provisions of that Act and came into operation on July 1st, 1956. These regulations specify four descriptions of milk—Channel Islands, Jersey, Guernsey and South Devon and confines the use of these descriptions to milk which contains not less than 4 per cent. by weight of milk fat instead of the 3 per cent. which is the legal standard for unspecified milks.

#### SALE OF FOOD AND DRUGS

The Acts and Regulations governing the conditions of sale and quality of food and drugs are administered by the Public Control Department of the County Council to whose Chief Officer, Mr. J. A. O'Keefe, B.Sc.(Econ.), LL.B., Barrister-at-Law, I am indebted for the following account of the work of his department.

*Food and Drugs Act, 1955.*—The above Act came into force on the 1st January, 1956, and although it was very largely a consolidating measure a few changes were introduced.

Control of the preparation and sale of injurious foods and adulterated drugs is extended. In particular the probable cumulative effects of consuming foods injurious to health are now to be taken into consideration by a court. The most widely used prohibition in the former Acts, the sale to the purchaser's prejudice of food or drugs not of the nature, or substance, or quality demanded, has been strengthened by the removal of two former exemptions, one applying to food or drugs the subject of a patent and the other to proprietary medicines. The Defence (Sale of Food) Regulations, 1943, were revoked and those provisions which related to false or misleading descriptions applied to food or drugs by label or in advertisements are now contained in Section 6 of the new Act.

During the year tests were made on 9,272 articles of food and drugs. 3,708 of these were tests of milk of which 359 were unsatisfactory; of the remainder, 427 tests were in respect of drugs, of which six were unsatisfactory, and 5,137 were of foods other than milk, and of these 155 were unsatisfactory.

During the year the total number of summonses issued for offences under the Food and Drugs Act, 1955, was 48. Last year I referred to the number of offences for passing off pigs' liver as either lambs' or calves' liver. During the year under review there was a marked improvement and although 94 samples were procured there were very few infringements and proceedings were instituted in only two instances. Eleven summonses were issued in respect of unsatisfactory samples of milk; three samples of new milk and three samples of milk were all found to contain added water and five further samples were found to contain glass splinters. Although the number of unsatisfactory milk samples appears to be high, nearly all of these were samples whose composition



fell below the presumptive standard for milk but which had not been adulterated; it was sub-standard milk as given by the cows.

There were a further 25 summonses in respect of false descriptions of the variety of pears; Packham Triumph, Winter Nelis and Buerré Bosc were described as "Williams" and there was one summons in respect of Pond's Seedling plums described as "Victorias". The remaining summonses were in respect of a can of beetroot found to contain a piece of rubber glove, cakes wrongly described as "Rum Baba" in that they contained no rum, whole milk cheese described as "Cream Cheese", non-brewed condiment deficient in acetic acid, sausages which contained an undeclared preservative, buttered toast which was spread with a mixture composed largely of margarine, and misdescription of variety of fish.

The total of fines and costs awarded was £326 3s.

In addition to the more serious infringements referred to above there were 63 cases where the County Council sent a special letter of caution to the alleged offenders and, in addition, warnings were issued from the Department in a number of cases.

*Merchandise Marks Acts, 1887-1953.*—Inspections were made at 4,710 premises to ensure compliance with the above Acts, particularly the labelling of imported foods with a prescribed indication of origin as required by Orders made under the Merchandise Marks Act, 1926. 23,565 displays of controlled food were examined and 155 summonses were issued in respect of the more serious infringements detected. Twelve official cautions were sent for less serious infringements. The summonses were in respect of the mis-marking or non-marking of displays of meat, apples, tomatoes, etc., and the total of fines and costs imposed amounted to £513 14s. 6d.

*Labelling of Food Order, 1953.*—This Order prescribes that, subject to certain exceptions, pre-packed foods shall be marked with legible and conspicuous statements of the designations of the food, of the ingredients of which compounded foods are composed, and of the name and address (or registered trademark) of the packer or labeller. It also prescribes special labelling requirements in respect of certain specified foods and in respect of foods concerning which there is a claim as to their vitamin or mineral content. At 2,512 premises 10,608 articles of pre-packed food were examined. Only one offence of sufficient seriousness to warrant prosecution was revealed and this was in respect of margarine falsely labelled "Blended with Butter" Three official cautions were also issued.

*False or Misleading Descriptions.*—A considerable amount of work is carried out each year in scrutinising advertisements and the labelling of pre-packed food and taking such action as is possible to secure satisfactory amendments in those cases where a label or advertisement contains a false or misleading description of the food to which it relates. This work is of benefit to all districts of Middlesex, irrespective of where the offending advertisement or label is discovered, and during the year under review corrective action has been taken in respect of cherry wine, biscuits, chocolate Easter eggs, flour and sugar confectionery, imitation caviare, blackcurrant punch, fruit juice drinks and creme de menthe.

## REFUSE DUMPS

Under Section 222 of the Middlesex County Council Act, 1944, the tipping of refuse by private persons or by a local authority other than the authority in whose district the site is located, requires the consent of the County Council as well as that of the Local Sanitary Authority. In addition, of course, planning permission under the Town & Country Planning Acts, 1947-54, is also required.

For many years past it has been the policy of the County Council, in view of the built-up nature of the County, to refuse its consent to any new application to deposit crude household refuse or other putrescible material, even under "controlled tipping" conditions. Approval is, however, given, subject to strict conditions, to the tipping of non-putrescible matter such as materials derived from excavations or the demolition of buildings.

Most tipping of this nature takes place in pits, often filled with water, whence gravel has been won, of which there are a considerable number in the south of the County. The filling of such pits is desirable both as being the most radical method of preventing the nuisance which can readily arise in the presence of a large body of stagnant water, and by producing new sites suitable for development in place of what otherwise would be sterile areas.

All applications for approval to tip refuse are submitted to the County Medical Officer for report after consultation with the local medical officer of health, including if necessary a visit to the site in company with him or his chief public health inspector. Complaints arising in connection with the operation of any refuse tip are also the subject of investigation by the County Medical Officer.

## VISITORS

Whilst the Tottenham rehabilitation and sheltered workshop was once again the main attraction among the health services provided by the County Council, particularly to visitors from overseas, increasing interest has been shown in the special training schools and practical training centre provided for mental defectives. A visit to these was made by an all-party group of members of Parliament.

Visitors from overseas came from Australia, Ceylon, Egypt, Finland, Iran, India, Malaya, Malta, Nigeria, South Africa, Spanish Morocco, Sudan and Sweden. Among British visitors were members of the staff of the Ministry of Labour, London County Council, St. Thomas's Hospital, West Hill Hospital, Dartford and Bournemouth Sanatorium.



## APPENDIX

## STAFF

*County Medical Officer of Health and Principal School Medical Officer:*

A. C. T. Perkins, M.C., M.D., B.S., D.P.H.

*Deputy County Medical Officer of Health and Deputy Principal School Medical Officer:*

G. S. Wigley, M.R.C.S., L.R.C.P., D.P.H.

*Principal Medical Officers:*

Mental Health Service	..	P. A. Bennett, M.B., Ch.B.
Care and After Care Service		J. F. Macgregor, L.R.C.P., L.R.C.S., D.P.H.
School Health Service	..	Mrs. E. J. Madeley, M.B., Ch.B., D.P.H., D.M.R. & E.
Maternity and Child Welfare Service		Miss D. Taylor, M.A., M.B., B.S., L.R.C.P., M.R.C.S., D.P.H.

These are the primary duties of the Principal Medical Officers but they carry out other duties including deputising for one another.

*Chest Physicians:*

(Joint appointments by County Council and Regional Hospital Boards.)

P. E. Baldry, M.B., B.S., M.R.C.P.	R. Grenville-Mathers, M.A., M.D., M.R.C.P., F.R.F.P.S.
Miss B. A. Butterworth, M.B., M.R.C.P., M.R.C.S.	J. T. Nicol-Roe, M.D., Ch.B., D.P.H.
J. Vernon Davies, M.D., M.B., B.S., M.R.C.P.	C. H. C. Toussaint, M.R.C.S., L.R.C.P., D.P.H.
R. Heller, M.D.	H. J. Trenchard, M.B., Ch.B., M.R.C.P., D.M.R.(D.).
H. Climie, M.D., Ch.B., D.P.H.	
T. A. C. McQuiston, M.D., M.B., D.P.H.	

*Chief Dental Officer and Principal  
School Dental Officer:*

J. V. Bingay, M.B.E., L.D.S.R.C.S.

*Senior Medical Officer—  
Mental Health:*

Miss R. D. Fidler, M.R.C.S., L.R.C.P.,  
D.P.H.

*Senior Medical Officer—London Airport:*

W. A. Bullen, L.R.C.P., L.R.C.S., L.M., D.T.M., D.T.H.

*Special Services Almoners:*

Miss D. Myer.

Miss I. B. Munro (Assistant Almoner)

Mrs. E. M. Ratcliffe .. Part time, resigned 3.8.56.

Mrs. K. M. Vardy .. Part time, resigned 12.9.56.

*Rehabilitation Workshops—Tottenham:*

Supervisor/Instructor—W. R. Osment.

Mother and Baby Homes :

Amherst Lodge, Ealing.—Matron—Mrs. E. M. Craddock, S.R.N.  
Belle Vue, Willesden.—Matron—Miss W. M. Byford, S.R.N., S.C.M.  
Red Gables, Hornsey.—Matron—Miss F. V. Curtis, S.R.N., S.C.M., H.V. Cert.  
Resigned 7.1.56.  
Miss M. K. Hopkins, S.R.N. Appointed  
8.1.56.

Area	Area Medical Officers :	Area Dental Officers :
No. 1	W. D. Hyde, M.B., Ch.B., D.P.H. D. Regan, B.A., B.Sc., M.B., Ch.B., D.P.H.	E. Underhill, L.D.S.R.C.S.
No. 2	W. C. Harvey, M.D., D.P.H.	G. S. Williams, L.D.S.R.C.S.
No. 3	G. Hamilton Hogben, M.R.C.S., D.P.H.	V. Sainty, L.D.S.R.C.S.
No. 4	Miss K. M. Bodkin, M.R.C.S., L.R.C.P., D.P.H.	K. C. B. Webster, L.D.S.R.C.S.
No. 5	Caryl Thomas, M.D., B.Sc., D.P.H., Barrister-at-Law.	A. G. Brown, L.D.S.R.C.S.
No. 6	E. Grundy, M.D., D.P.H. S. Leff, M.D., D.P.H., Barrister- at-Law.	Mrs. A. B. Perkins, L.D.S.R.F.P.S.(Glas.).
No. 7	W. G. Booth, M.D., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. G. E. B. Payne, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.	L. C. Mandeville, L.D.S.R.C.S.
No. 8	O. C. Dobson, M.D., D.P.H., D.P.A., Barrister-at-Law.	G. M. Davie, L.D.S.R.F.P.S. (Glas.).
No. 9	A. Anderson, M.D., D.P.H.	O. H. Norman, L.D.S.R.C.S., B.D.S.
No. 10	J. Maddison, M.D., B.S., D.P.H.	O. H. Minton, L.D.S. U.Brist.

County Council Establishments of:—

Area Medical Officers	..	..	..	..	..	..	..	10
Deputy Area Medical Officers	..	..	..	..	..	..	..	10
Senior Assistant Medical Officers	..	..	..	..	..	..	..	11
Assistant Medical Officers	..	..	..	..	..	..	..	86
Senior Airport Medical Officer	..	..	..	..	..	..	..	1
Airport Medical Officers	..	..	..	..	..	..	..	4
Airport Nurses	..	..	..	..	..	..	..	6
Airport Clerk/Receptionists	..	..	..	..	..	..	..	12
Area Dental Officers	..	..	..	..	..	..	..	10
Orthodontists	..	..	..	..	..	..	..	13
Dental Officers	..	..	..	..	..	..	..	96
Dental Attendants	..	..	..	..	..	..	..	132
Area Superintendent of Home Nurses and Non-Medical Supervisor of Midwives	..	..	..	..	..	..	..	10



Nurses Home Superintendents .. .. .	I
District Midwives .. .. .	150
Home Nurses .. .. .	310
Area Superintendent Health Visitors .. .. .	10
Deputy Superintendent Health Visitor .. .. .	I
Health Visitors and School Nurses .. .. .	350
Tuberculosis Visitors .. .. .	44
Home Help Organisers .. .. .	10
Assistant Home Help Organisers .. .. .	18
Home Helps .. .. .	1,250
Chest Clinic Welfare Officers .. .. .	10
Chest Clinic Assistant Welfare Officers .. .. .	7
Psychiatric Social Workers .. .. .	5
Mental Welfare Officers .. .. .	25
Lady Supervision Officers .. .. .	4
Special Training School Supervisors .. .. .	9
Special Training School Assistant Supervisors and Trainees .. .. .	31
Practical Training Centre Supervisor/Instructor .. .. .	I
Practical Training Centre Deputy Supervisor/Instructor .. .. .	I
Practical Training Centre Assistant Instructor .. .. .	5

Statistical Tables  
TABLE I  
ACREAGE AND POPULATION

Boroughs and Urban Districts.  (1)	Acreage. (a)  (2)	Census population. (b)			Registrar General's estimated home population, June, 1956 (6)	Number of separately rated dwellings, 1st April, 1956 (7)	Average number of persons per dwelling. (8)
		1921. (3)	1931. (4)	1951. (5)			
Acton (Borough)	2,319	60,817	70,008	67,471	66,240	18,536	3·6
Brentford and Chiswick (Borough) ..	2,332	58,499	63,217	59,367	58,330	16,081	3·6
Ealing (Borough)	8,781	90,312	116,771	187,323	184,200	52,055	3·5
Edmonton (Borough) ..	3,895	66,807	77,658	104,270	98,110	27,589	3·6
Enfield (Borough)	12,399	60,464	67,752	110,465	109,000	31,258	3·5
Feltham .. ..	4,925	11,394	16,066	44,861	49,230	13,266	3·7
Finchley (Borough) ..	3,478	46,628	59,113	69,991	69,800	20,087	3·5
Friern Barnet ..	1,340	17,137	22,715	29,163	28,570	7,762	3·7
Harrow (Borough)	12,555	49,020	96,656	219,494	216,200	63,552	3·4
Hayes and Harlington ..	5,159	9,042	22,969	65,596	66,460	18,388	3·6
Hendon (Borough)	10,369	57,566	115,640	155,857	153,200	43,747	3·5
Heston and Isle- worth (Borough)	7,218	47,463	76,254	106,847	105,100	29,407	3·6
Hornsey (Borough)	2,872	87,632	95,416	98,159	97,220	24,084	4·0
Potters Bar ..	6,129	3,222	5,720	17,172	18,910	5,570	3·4
Ruislip- Northwood ..	6,583	9,112	16,035	68,288	73,930	20,916	3·5
Southall (Borough) ..	2,608	30,165	38,839	55,896	53,220	14,568	3·7
Southgate (Borough) ..	3,765	39,525	56,063	73,377	71,670	22,034	3·3
Staines .. ..	8,271	17,060	21,336	39,995	44,200	12,303	3·6
Sunbury .. ..	5,609	9,902	13,449	23,394	26,700	7,670	3·5
Tottenham (Borough) ..	3,013	146,726	157,667	126,929	120,700	29,741	4·1
Twickenham (Borough) ..	7,014	69,948	79,299	105,663	104,000	29,470	3·5
Uxbridge (Borough) ..	10,240	20,626	31,887	55,960	59,640	16,095	3·7
Wembley (Borough) ..	6,294	18,239	65,799	131,384	128,300	38,440	3·3
Willesden (Borough) ..	4,634	165,742	185,025	179,697	174,900	42,823	4·1
Wood Green (Borough) ..	1,606	50,791	54,308	52,228	50,100	14,348	3·5
Yiewsley and West Drayton	5,276	9,163	13,066	20,468	23,070	6,215	3·7
THE COUNTY ..	148,688	1,253,002	1,638,728	2,269,315	2,251,000	626,005	3·6

NOTES:—  
(a) The district acreages are given to the nearest whole number, consequently the aggregate does not equal that for the County as a whole.  
(b) All the census populations have been adjusted to relate to the districts as constituted in 1951.



TABLE 2

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE  
COUNTY OF MIDDLESEX, 1956

Causes of Death. (1)	All Ages. (2)	0— (3)	1— (4)	5— (5)	15— (6)	25— (7)	45— (8)	65— (9)	75— (10)
1. Tuberculosis—respiratory ..	214	—	1	—	2	34	87	57	33
2. Tuberculosis—other .. ..	20	—	1	—	—	8	8	2	1
3. Syphilitic disease .. ..	66	—	—	—	—	2	20	24	20
4. Diphtheria .. ..	—	—	—	—	—	—	—	—	—
5. Whooping cough .. ..	—	—	—	—	—	—	—	—	—
6. Meningococcal infections ..	6	3	2	—	—	—	1	—	—
7. Acute poliomyelitis .. ..	3	—	—	1	1	1	—	—	—
8. Measles .. ..	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases .. ..	59	1	3	5	4	8	21	12	5
10. Malignant neoplasm— stomach .. ..	587	—	—	—	1	10	192	189	195
11. Malignant neoplasm—lung, bronchus .. ..	1,090	—	—	—	—	39	577	322	152
12. Malignant neoplasm—breast	465	—	—	—	1	44	214	107	99
13. Malignant neoplasm—uterus	173	—	—	—	1	17	77	42	36
14. Other malignant and lymphatic neoplasms ..	2,272	1	8	11	13	158	721	670	690
15. Leukaemia aleukaemic ..	109	1	2	7	7	14	31	31	16
16. Diabetes .. ..	121	—	—	—	—	7	23	39	52
17. Vascular lesions of nervous system .. ..	2,806	1	—	2	3	40	467	798	1,495
18. Coronary disease angina ..	3,600	—	1	—	—	75	1,041	1,192	1,291
19. Hypertension with heart disease	620	—	—	—	—	6	87	167	360
20. Other heart disease .. ..	2,917	1	1	1	4	61	314	535	2,000
21. Other circulatory disease ..	1,058	—	—	—	2	15	169	273	599
22. Influenza .. ..	77	—	1	—	—	5	20	17	34
23. Pneumonia .. ..	1,119	66	14	5	2	12	147	234	639
24. Bronchitis .. ..	1,444	10	3	—	—	13	320	429	669
25. Other diseases of the respira- tory system .. ..	179	3	5	3	2	10	61	35	60
26. Ulcer of stomach and duo- denum .. ..	275	—	—	—	—	11	59	88	117
27. Gastritis, enteritis and diarrhoea	99	9	—	—	4	9	23	19	35
28. Nephritis and nephrosis ..	182	—	—	2	7	33	57	44	39
29. Hyperplasia of prostate ..	137	—	—	—	—	—	7	32	98
30. Pregnancy, childbirth, abortion	18	—	—	—	—	18	—	—	—
31. Congenital malformations ..	196	127	16	14	4	9	18	6	2
32. Other defined and ill defined diseases .. ..	1,690	349	10	19	16	85	350	314	547
33. Motor vehicle accidents ..	250	—	4	13	38	46	63	43	43
34. All other accidents .. ..	483	12	4	10	22	60	110	68	197
35. Suicide .. ..	268	—	—	—	13	53	134	45	23
36. Homicide and operations of war .. ..	13	2	1	2	2	2	2	—	2
All causes .. ..	22,616	586	77	95	149	905	5,421	5,834	9,549
Proportionate age group mortality	100	2.6	0.3	0.4	0.7	4.0	24.0	25.8	42.2

TABLE 3  
VITAL STATISTICS, 1956—HEALTH AREAS

Health Areas.	Home population.	Births registered.									Crude live birth rate per 1,000 home population.	Still birth rate per 1,000 total (live and still) births.	Deaths registered (all causes).	Crude death rate per 1,000 home population.	Number of deaths of infants under 1 year of age.	Infantile mortality rate per 1,000 live births.	Health Areas.
		Live.			Still.			Total.									
		Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Area 1 .. ..	207,110	2,527	93	2,620	51	4	55	2,578	97	2,675	12.7	20.6	2,153	10.4	62	23.7	Area 1
Area 2 .. ..	169,250	1,937	69	2,006	38	2	40	1,975	71	2,046	11.9	19.6	2,060	12.2	36	17.9	Area 2
Area 3 .. ..	217,920	2,843	176	3,019	64	1	65	2,907	177	3,084	13.9	21.1	2,367	10.9	72	23.8	Area 3
Area 4 .. ..	223,000	2,792	116	2,908	48	3	51	2,840	119	2,959	13.0	17.2	2,389	10.7	48	16.5	Area 4
Area 5 .. ..	216,200	2,674	117	2,791	55	3	58	2,729	120	2,849	12.9	20.4	1,903	8.8	59	21.1	Area 5
Area 6 .. ..	303,200	3,890	283	4,173	85	2	87	3,975	285	4,260	13.8	20.4	2,892	9.5	86	20.6	Area 6
Area 7 .. ..	250,440	3,229	199	3,428	55	6	61	3,284	205	3,489	13.7	17.5	2,650	10.6	56	16.3	Area 7
Area 8 .. ..	223,100	3,395	120	3,515	46	1	47	3,441	121	3,562	15.8	13.2	1,678	7.5	57	16.2	Area 8
Area 9 .. ..	216,650	2,635	137	2,772	45	7	52	2,680	144	2,824	12.8	18.4	2,420	11.2	50	18.0	Area 9
Area 10 .. ..	224,130	3,321	111	3,432	56	4	60	3,377	115	3,492	15.3	17.2	2,104	9.4	60	17.5	Area 10
THE COUNTY ..	2,251,000	29,243	1,421	30,664	543	33	576	29,786	1,454	31,240	13.6	18.4	22,616	10.0	586	19.1	THE COUNTY





TABLE 4  
VITAL STATISTICS, 1956—SANITARY DISTRICTS

Sanitary district.	Home population.	Births registered.									Crude live birth rate per 1,000 home population.	Birth comparability factor.*	Adjusted live birth rate per 1,000 home population.	Still birth rate per 1,000 total (live and still) births.	Deaths registered (all causes).	Crude death rate per 1,000 home population.	Death comparability factor.*	Adjusted death rate per 1,000 home population.	Number of deaths of infants under 1 year of age.	Infantile mortality rate per 1,000 live births.	Sanitary district.
		Live.			Still.			Total.													
		Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.											
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
Acton .. .. .	66,240	850	65	915	21	2	23	871	67	938	13·8	0·93	12·8	24·5	728	11·0	1·04	11·4	21	23·0	Acton.
Brentford and Chiswick ..	58,330	766	58	824	15	4	19	781	62	843	14·1	0·93	13·1	22·5	633	10·9	1·02	11·1	15	18·2	Brentford and Chiswick.
Ealing .. .. .	184,200	2,379	134	2,513	34	4	38	2,413	138	2,551	13·6	0·96	13·1	14·9	1,922	10·4	1·10	11·4	35	13·9	Ealing.
Edmonton .. .. .	98,110	1,218	46	1,264	27	2	29	1,245	48	1,293	12·9	0·98	12·6	22·4	959	9·8	1·14	11·2	29	22·9	Edmonton.
Enfield .. .. .	109,000	1,309	47	1,356	24	2	26	1,333	49	1,382	12·4	1·00	12·4	18·8	1,194	11·0	0·85	9·4	33	24·3	Enfield.
Feltham .. .. .	49,230	795	27	822	11	1	12	806	28	834	16·7	0·97	16·2	14·4	327	6·6	1·60	10·6	18	21·9	Feltham.
Finchley .. .. .	69,800	882	28	910	10	3	13	892	31	923	13·0	0·95	12·4	14·1	831	11·9	0·92	10·9	12	13·2	Finchley.
Friern Barnet .. .. .	28,570	314	18	332	4	1	5	318	19	337	11·6	1·05	12·2	14·8	505	17·7	0·55	9·7	7	21·1	Friern Barnet.
Harrow .. .. .	216,200	2,674	117	2,791	55	3	58	2,729	120	2,849	12·9	1·02	13·2	20·4	1,903	8·8	1·20	10·6	59	21·1	Harrow.
Hayes and Harlington ..	66,460	976	37	1,013	19	—	19	995	37	1,032	15·2	0·94	14·3	18·4	499	7·5	1·62	12·2	15	14·8	Hayes and Harlington.
Hendon .. .. .	153,200	1,910	88	1,998	38	—	38	1,948	88	2,036	13·0	0·95	12·4	18·7	1,558	10·2	1·05	10·7	36	18·0	Hendon.
Heston and Isleworth ..	105,100	1,194	41	1,235	21	3	24	1,215	44	1,259	11·8	0·99	11·7	19·1	1,135	10·8	1·06	11·4	22	17·8	Heston and Isleworth.
Hornsey .. .. .	97,220	1,363	96	1,459	27	1	28	1,390	97	1,487	15·0	0·93	14·0	18·8	1,115	11·5	0·90	10·4	34	23·3	Hornsey.
Potters Bar .. .. .	18,910	288	8	296	3	—	3	291	8	299	15·7	0·94	14·8	10·0	174	9·2	1·27	11·7	8	27·0	Potters Bar.
Ruislip-Northwood .. ..	73,930	989	26	1,015	10	—	10	999	26	1,025	13·7	1·01	13·8	9·8	540	7·3	1·27	9·3	16	15·8	Ruislip-Northwood.
Southall .. .. .	53,220	675	38	713	9	—	9	684	38	722	13·4	1·00	13·4	12·5	652	12·3	0·85	10·5	13	18·2	Southall.
Southgate .. .. .	71,670	777	23	800	11	—	11	788	23	811	11·2	1·09	12·2	13·6	844	11·8	0·84	9·9	11	13·8	Southgate.
Staines .. .. .	44,200	743	16	759	9	1	10	752	17	769	17·2	0·94	16·2	13·0	391	8·8	1·22	10·7	18	23·7	Staines.
Sunbury .. .. .	26,700	505	18	523	12	1	13	517	19	536	19·6	0·91	17·8	24·3	204	7·6	1·26	9·6	10	19·1	Sunbury.
Tottenham .. .. .	120,700	1,480	80	1,560	37	—	37	1,517	80	1,597	12·9	0·97	12·5	23·2	1,252	10·4	1·09	11·3	38	24·4	Tottenham.
Twickenham .. .. .	104,000	1,278	50	1,328	24	1	25	1,302	51	1,353	12·8	1·03	13·2	18·5	1,182	11·4	0·96	10·9	14	10·5	Twickenham.
Uxbridge .. .. .	59,640	1,026	34	1,060	11	1	12	1,037	35	1,072	17·8	0·92	16·4	11·2	489	8·2	1·29	10·6	19	17·9	Uxbridge.
Wembley .. .. .	128,300	1,444	48	1,492	29	—	29	1,473	48	1,521	11·6	1·01	11·7	19·1	1,160	9·0	1·18	10·6	25	16·8	Wembley.
Willesden .. .. .	174,900	2,446	235	2,681	56	2	58	2,502	237	2,739	15·3	0·91	13·9	21·2	1,732	9·9	1·15	11·4	61	22·8	Willesden.
Wood Green .. .. .	50,100	558	20	578	20	1	21	578	21	599	11·5	1·00	11·5	35·1	537	10·7	0·98	10·5	10	17·3	Wood Green.
Yiewsley and West Drayton..	23,070	404	23	427	6	—	6	410	23	433	18·5	0·92	17·0	13·9	150	6·5	1·40	9·1	7	16·4	Yiewsley and West Drayton.
THE COUNTY .. .. .	2,251,000	29,243	1,421	30,664	543	33	576	29,786	1,454	31,240	13·6	0·97	13·2	18·4	22,616	10·0	1·08	10·8	586	19·1	THE COUNTY.

\* The birth rate is calculated on the total population of the area. Clearly a population with a high proportion of women of child bearing age can be expected to have a higher birth rate than one with a lower proportion of such women even though the fertility rates of women (of the same age) were the same in both populations. Similarly a population with a high proportion of old people can be expected to have a higher death rate than one with a lower proportion of such persons. The comparability factors are a means of getting over these difficulties for purposes of comparison; the adjusted rates, though useful, are fictitious.





TABLE 5

BIRTH RATE

Year.					Live birth rate per 1,000 estimated mid-year population.		
					Middlesex.	London.	England and Wales.
					(2)	(3)	(4)
(1)							
1947	..	..	..	..	19·6	21·8	21·1
1948	..	..	..	..	16·1	18·2	18·1
1949	..	..	..	..	14·9 (13·9)	16·8 (15·3)	16·9
1950	..	..	..	..	13·9 (12·8)	15·6 (14·2)	15·9
1951	..	..	..	..	13·4 (12·3)	15·6 (14·0)	15·5
1952	..	..	..	..	13·3 (12·2)	15·3 (13·9)	15·3
1953	..	..	..	..	13·3 (12·9)	15·3 (13·3)	15·5
1954	..	..	..	..	13·1 (12·7)	15·3 (13·3)	15·2
1955	..	..	..	..	13·0 (12·6)	15·1 (13·1)	15·0
1956	..	..	..	..	13·6 (13·2)	15·9 (14·0)	15·7

NOTES.—Rates for the years 1947–49 are based on civilian population.  
Rates for 1950–1956 are based on home population.  
Figures in brackets represent rates, adjusted for valid areal comparisons by Registrar General’s comparability factors.  
The rates for 1956 are provisional and subject to correction.

TABLE 6

PREMATURE BIRTHS 1956

Area.					Premature births notified (as adjusted by transfers).			Premature birth rate per 1,000 total births notified.
					Live births.	Still births.	Total premature births.	
					(2)	(3)	(4)	
(1)								(5)
1	..	..			163	26	189	70·7
2	..	..			121	19	140	68·4
3	..	..			204	25	229	74·3
4	..	..			171	32	203	68·6
5	..	..			151	23	174	61·1
6	..	..			238	47	285	66·9
7	..	..			212	30	242	69·4
8	..	..			212	24	236	66·3
9	..	..			152	29	181	64·1
10	..	..			202	25	227	65·0
County	..	..			1,826	280	2,106	67·4
London	..	..			3,708	533	4,241	78·7
England & Wales					45,054	8,312	53,366	74·8



TABLE 7  
INFANT MORTALITY

Year.	Middlesex.			London.	England and Wales.
	Live births.	Deaths under one year.	Rate per 1,000 related live births.		
(1)	(2)	(3)	(4)	(5)	(6)
1940 .. ..	28,873	1,448	50·2	50	55
1941 .. ..	25,512	1,327	52·0	68	59
1942 .. ..	33,150	1,558	47·0	60	49
1943 .. ..	35,339	1,536	43·5	58	49
1944 .. ..	36,380	1,327	36·5	61	46
1945 .. ..	33,398	1,296	38·8	53	46
1946 .. ..	42,108	1,246	29·6	41	43
1947 .. ..	43,955	1,386	31·5	37	41
1948 .. ..	36,561	961	26·3	31	34
1949 .. ..	33,833	818	24·2	29	32
1950 .. ..	31,524	690	21·9	26	30
1951 .. ..	30,469	719	23·6	25	30
1952 .. ..	30,274	635	21·0	23	28
1953 .. ..	30,039	629	21·0	24	27
1954 .. ..	29,605	557	18·8	21	25
1955 .. ..	29,199	566	19·4	23	25
1956 (a) .. ..	30,664	586	19·1	21	24

(a) 1956 figures provisional.

TABLE 8

MATERNAL MORTALITY

MORTALITY PER 1,000 TOTAL (LIVE AND STILL) BIRTHS

Year.	Middlesex.		England and Wales Rate.
	Number.	Rate.	
(1)	(2)	(3)	(4)
1947 .. .. .	48	1·07	1·17
1948 .. .. .	34	0·91	1·02
1949 .. .. .	33	0·96	0·98
1950 .. .. .	27	0·84	0·86
1951 .. .. .	17	0·55	0·79
1952 .. .. .	17	0·55	0·72
1953 .. .. .	22	0·72	0·76
1954 .. .. .	16	0·53	0·70
1955 .. .. .	14	0·47	0·64
1956 (a) .. ..	18	0·58	0·56

(a) Provisional.

TABLE 9

INCIDENCE OF SICKNESS IN MIDDLESEX BASED ON FIRST APPLICATIONS FOR  
SICKNESS BENEFIT RECEIVED BY THE MINISTRY OF NATIONAL INSURANCE

Quarter ending	First applications for sickness benefit.					
	1951.	1952.	1953.	1954.	1955.	1956.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
March .. .. .	154,248	107,655	158,416	107,706	138,592	117,325
June .. .. .	66,914	69,520	65,566	64,650	69,430	68,025
September .. ..	54,265	53,538	54,119	55,975	56,894	57,544
December .. .. .	79,582	94,540	77,857	80,905	95,021	93,108
Total for year ..	355,009	325,253(a)	355,958	309,236	359,937(a)	336,002
Number of applications for sickness benefit per 1,000 population:—						
Middlesex .. ..	157	143	158	137	160	149
Great Britain ..	154	134	150	145	160	156

(a) 53 weeks.



Infectious Diseases

TABLE 10  
CORRECTED NOTIFICATIONS OF INFECTIOUS DISEASES, 1956.

Boroughs and Urban Districts.																	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
		Scarlet fever.	Whooping cough.	Acute poliomyelitis.	Acute encephalitis.	Measles.	Diphtheria.	Acute pneumonia.	Dysentery.	Enteric or typhoid fever.	Paratyphoid fever.	Erysipelas.	Meningococcal infection.	Puerperal pyrexia.	Ophthalmia neonatorum.	Food poisoning.	Malaria.
Acton (Borough) .. ..	..	35	79	6	—	97	—	16	13	2	2	4	2	4	—	33	—
Brentford and Chiswick (Borough) ..	..	46	50	2	—	107	—	17	10	—	—	11	—	97	4	11	—
Ealing (Borough) .. ..	..	156	67	48	2	726	—	161	179	—	—	12	2	71	3	16	—
Edmonton (Borough) .. ..	..	109	231	4	—	50	—	78	185	—	7	18	2	96	34	8	—
Enfield (Borough) .. ..	..	54	190	3	—	201	—	79	207	—	—	19	2	52	8	15	—
Feltham .. ..	..	6	34	—	—	60	—	8	5	—	—	4	1	3	1	12	—
Finchley (Borough) .. ..	..	34	78	5	—	172	—	37	19	1	1	4	1	21	3	7	—
Friern Barnet .. ..	..	22	18	1	—	80	—	5	38	—	—	5	—	—	—	7	—
Harrow (Borough) .. ..	..	138	88	14	3	610	—	67	17	2	—	14	5	1	1	77	—
Hayes and Harlington .. ..	..	88	87	5	1	77	—	82	14	1	—	4	2	9	—	21	—
Hendon (Borough) .. ..	..	136	135	13	—	295	1	79	54	—	6	11	2	113	13	24	—
Heston and Isleworth (Borough) ..	..	67	96	5	1	244	—	27	22	—	—	12	1	69	—	51	—
Hornsey (Borough) .. ..	..	88	116	8	1	146	—	53	69	—	1	12	1	8	—	13	—
Potters Bar .. ..	..	2	25	1	—	30	—	2	11	—	—	—	1	1	—	2	—
Ruislip-Northwood .. ..	..	47	49	4	4	273	—	37	5	—	1	11	2	10	—	17	—
Southall (Borough) .. ..	..	21	102	3	—	61	—	94	77	—	—	6	2	3	—	14	—
Southgate (Borough) .. ..	..	19	150	7	—	43	—	19	39	—	—	6	—	1	—	15	1
Staines .. ..	..	18	32	2	—	57	—	6	6	—	—	2	—	4	—	5	—
Sunbury .. ..	..	11	38	1	—	10	—	1	2	—	—	1	—	2	—	5	—
Tottenham (Borough) .. ..	..	80	243	27	3	158	1	70	63	—	2	16	—	1	3	30	—
Twickenham (Borough) .. ..	..	51	91	1	—	209	—	59	78	—	—	10	—	9	4	32	—
Uxbridge (Borough) .. ..	..	34	49	1	—	89	—	76	5	—	—	24	—	124	1	1	—
Wembley (Borough) .. ..	..	136	79	11	2	1,286	—	67	15	1	1	16	1	27	7	25	1
Willesden (Borough) .. ..	..	108	226	14	1	1,180	—	107	223	—	—	25	4	133	2	15	—
Wood Green (Borough) .. ..	..	17	37	5	—	27	—	39	76	—	1	1	—	2	—	18	—
Viewsley and West Drayton .. ..	..	4	28	1	2	54	—	12	—	1	—	1	2	5	—	5	—
THE COUNTY .. ..	..	1,527	2,418	192	20	6,342	2	1,298	1,432	8	22	249	33	866	84	479	2

TABLE 11  
AGE DISTRIBUTION OF NOTIFIED CASES (CORRECTED) AND OF DEATHS, ACUTE POLIOMYELITIS, 1956

1956.  (1)	Age in years.					All ages.  (7)
	Under 1. (2)	1— (3)	5— (4)	15— (5)	25 and over. (6)	
Number of cases:—						
First quarter ..	—	4	10	4	4	22
Second quarter ..	—	11	3	—	2	16
Third quarter ..	—	15	28	5	7	55
Fourth quarter ..	1	24	53	10	11	99
Whole year ..	1	54	94	19	24	192
Number of deaths ..	—	—	1	1	1	3

TABLE 12  
NUMBER OF NOTIFICATIONS RECEIVED OF PERSONS  
PRIMARILY VACCINATED OR RE-VACCINATED DURING 1956

Area.  (1)	Age in years.				All ages.  (6)
	Under 1. (2)	1—4. (3)	5—14. (4)	15 and over. (5)	
1 .. .. .	1,030	96	84	456	1,666
2 .. .. .	1,099	71	77	347	1,594
3 .. .. .	1,541	87	48	462	2,138
4 .. .. .	1,641	215	153	860	2,869
5 .. .. .	1,486	259	216	1,001	2,962
6 .. .. .	1,819	208	193	933	3,153
7 .. .. .	1,818	403	207	800	3,228
8 .. .. .	1,948	141	135	714	2,938
9 .. .. .	1,257	130	69	508	1,964
10 .. .. .	2,036	168	126	654	2,984
London Airport ..	—	—	—	81	81
The County ..	15,675	1,778	1,308	6,816	25,577



TABLE 13  
DIPHTHERIA

Year.					Cases notified.	Fatal cases.	Number of children under 15 years immunised during the year (primary plus booster injections).
(1)					(2)	(3)	(4)
1940	..	..	..	..	929	42	—
1941	..	..	..	..	980	59	—
1942	..	..	..	..	769	53	197,796
1943	..	..	..	..	618	24	49,830
1944	..	..	..	..	266	14	23,528
1945	..	..	..	..	331	19	31,326
1946	..	..	..	..	350	13	45,857
1947	..	..	..	..	129	3	48,414
1948	..	..	..	..	57	5	54,721
1949	..	..	..	..	23	—	49,083
1950	..	..	..	..	10	2	40,398
1951	..	..	..	..	4	—	52,065
1952	..	..	..	..	2	1	49,951
1953	..	..	..	..	4	—	50,076
1954	..	..	..	..	8	1	54,203
1955	..	..	..	..	2	—	44,298
1956	..	..	..	..	2	—	49,721

TABLE 14  
NUMBER OF CHILDREN IMMUNISED AND GIVEN REINFORCING INJECTIONS  
AGAINST DIPHTHERIA DURING 1956

Area.			Number of children immunised.			Number of children under 15 years of age given reinforcing injections.
			Under 5 years.	5-14 years.	Total, aged 0-14 years.	
(1)			(2)	(3)	(4)	(5)
1	..	..	2,261	265	2,526	3,572
2	..	..	1,573	392	1,965	2,780
3	..	..	2,215	192	2,407	1,191
4	..	..	2,215	128	2,343	2,714
5	..	..	2,209	84	2,293	900
6	..	..	3,021	95	3,116	1,394
7	..	..	2,711	132	2,843	4,033
8	..	..	2,802	178	2,980	3,430
9	..	..	2,021	62	2,083	1,387
10	..	..	2,768	276	3,044	2,720
COUNTY			23,796	1,804	25,600	24,121

TABLE 15

NUMBER OF CHILDREN WHO HAD BEEN IMMUNISED AGAINST DIPHTHERIA UP TO  
31ST DECEMBER, 1956

Area.	Number of children protected to date according to age and year of primary or secondary injections.						
	Under 5.	Age 5-14 years.			Total under 15 years.		
	Immunised	Immunised	Immunised	Total	Immunised	Immunised	Total
	1952— 1956.	1952— 1956.	1951 or before.	Immunised 1956 or before.	1952— 1956.	1951 or before.	Immunised 1956 or before.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1 .. ..	7,893	17,967	12,026	29,993	25,860	12,026	37,886
2 .. ..	5,780	16,988	7,267	24,255	22,768	7,267	30,035
3 .. ..	8,300	10,219	14,774	24,993	18,519	14,774	33,293
4 .. ..	8,369	15,020	16,748	31,768	23,389	16,748	40,137
5 .. ..	8,517	7,600	22,816	30,416	16,117	22,816	38,933
6 .. ..	8,419	10,997	30,599	41,596	19,416	30,599	50,015
7 .. ..	9,867	17,936	13,867	31,803	27,803	13,867	41,670
8 .. ..	9,099	15,565	17,045	32,610	24,664	17,045	41,709
9 .. ..	7,239	11,943	13,076	25,019	19,182	13,076	32,258
10 .. ..	9,410	15,444	15,966	31,410	24,854	15,966	40,820
County ..	82,893	139,679	164,184	303,863	222,572	164,184	386,756
Estimated mid-year child pop- ulation ..	144,200	317,100			461,300		
Percentage of protected population in age group	57·5	44·0	51·8	95·8	48·2	35·6	83·8



Tuberculosis  
TABLE 16  
SUMMARY OF WORK OF CHEST CLINICS, 1956

(1)	Ashford. (2)	Ealing. (3)	Edgware. (4)	Edmonton. (5)	Finchley. (6)	Harrow. (7)	Hounslow. (8)	Potters Bar. (9)	Tottenham. (10)	Uxbridge. (11)	Willesden. (12)	The County. (13)
Population in area served (approx.) .. ..	162,770	250,440	221,412	207,110	267,260	196,742	224,790	18,910	170,800	276,320	254,446	2,251,000
Persons examined for the first time during the year	3,598	4,154	10,909	4,379	5,093	9,480	2,559	186	5,910	7,451	2,872	56,591
Persons found to be tuber- culous .. ..	90	163	176	141	169	148	169	6	127	216	197	1,602
New contacts seen for the first time during the year	529	588	2,005	567	1,154	1,120	861	50	937	1,423	769	10,003
New contacts found to be tuberculous .. ..	14	18	7	8	19	7	21	—	19	7	16	136
Cases on register at 31st December, 1956 .. ..	1,143	2,263	1,733	2,048	2,167	2,004	2,323	148	2,096	2,688	2,684	21,297
Home visits by tuberculosis visitors during 1956 (a) ..	2,129	5,456	3,797	3,641	5,213	3,457	5,338	311	2,888	6,713	5,393	44,336

(a) Effective visits only. These should not be compared with years prior to 1955 when total visits were shown.

TABLE 17  
SUMMARY OF THE WORK OF TUBERCULOSIS WELFARE OFFICERS, 1956

(1)	Ashford. (2)	Ealing. (3)	Edgware. (4)	Edmonton. (5)	Finchley. (6)	Harrow. (7)	Hounslow. (8)	Potters Bar. (9)	Tottenham. (10)	Uxbridge. (11)	Willesden. (12)	County. (13)
Patients dealt with by the Welfare Officer .. ..	390	856	798	1,045	554	504	1,108	12	917	951	890	8,025
Patients who consulted the Welfare Officer regarding employment or training	40	109	156	186	76	74	202	2	132	141	83	1,201
Number for whom employment or training was found	24	90	122	165	82	47	178	1	138	105	40	992
Individual patients referred to the National Assistance Board for grants for:—												
(a) Bedding .. ..	3	2	2	10	1	1	6	2	15	4	5	51
(b) Clothing .. ..	6	19	15	10	8	4	13	—	22	12	15	124
(c) Extra nourishment	12	28	25	18	4	8	22	2	47	10	32	208
(d) Any other purpose	45	100	97	144	56	51	86	8	121	132	115	955
Total individual patients referred to the National Assistance Board ..	56	127	128	171	63	59	111	8	168	151	156	1,198
Cases recommended for re-housing .. ..	21	78	69	81	42	13	34	1	104	76	54	573
Families re-housed ..	11	25	15	26	6	5	13	—	40	16	5	162
Contacts first received into care by the Children's Officer during the year:—												
(a) For B.C.G. vaccination only ..	1	2	—	1	—	2	—	—	1	1	—	12 (a)
(b) Otherwise than for B.C.G. vaccination .. ..	1	2	—	—	—	—	—	—	6	—	—	9

(a) Includes 4 contacts referred from other sources.



TABLE 18

NEW CASES OF, AND DEATHS FROM TUBERCULOSIS, NOTIFIED TO MEDICAL OFFICERS, OF HEALTH DURING 1956, CLASSIFIED INTO AGE GROUPS

Age in years.			New Cases.				Deaths.			
			Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
			M.	F.	M.	F.	M.	F.	M.	F.
(1)			(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Under 1	..		2	3	1	—	—	—	—	—
1—	..	..	17	14	2	1	1	—	1	—
5—	..	..	18	15	7	5	}	—	—	—
10—	..	..	24	17	1	4		—	—	—
15—	..	..	63	70	11	5		2	—	—
20—	..	..	104	120	13	16	}	—	—	—
25—	..	..	154	166	23	28		13	4	4
35—	..	..	163	83	12	13		21	—	—
45—	..	..	203	48	9	10	}	66	5	3
55-65	..	..	122	38	4	10		21	—	—
Over 65	..	..	87	37	7	12		24	2	1
ALL AGES	..		957	611	90	104	154	60	12	8

TABLE 19  
NOTIFICATION OF TUBERCULOSIS CASES AND DEATHS, 1924-1956

Year.	Estimated County civilian population (mid-year). (2)	Formal notifications.						Deaths registered.					
		All forms.		Pulmonary.		Non-pulmonary.		All forms.		Pulmonary.		Non-pulmonary.	
		No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
(1)		(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1924	..	1,982	1.54	1,635	1.27	347	.27	1,188	.92	986	.76	202	.16
1925	..	1,982	1.52	1,630	1.25	352	.27	1,097	.84	922	.71	175	.13
1926	..	2,009	1.52	1,655	1.25	354	.27	1,138	.86	944	.71	194	.15
1927	..	2,015	1.50	1,621	1.20	394	.30	1,193	.88	1,024	.76	169	.12
1928	..	1,819	1.28	1,478	1.04	341	.24	1,071	.76	909	.64	162	.12
1929	..	1,911	1.31	1,606	1.10	305	.21	1,215	.83	1,058	.73	157	.10
1930	..	2,015	1.29	1,623	1.04	392	.25	1,164	.75	981	.63	183	.12
1931	..	2,120	1.29	1,749	1.07	371	.22	1,160	.71	989	.60	171	.11
1932	..	2,108	1.24	1,733	1.02	375	.22	1,144	.67	965	.57	179	.10
1933	..	2,082	1.19	1,750	1.00	332	.19	1,224	.70	1,046	.60	178	.10
1934	..	2,098	1.16	1,767	0.98	331	.18	1,266	.70	1,086	.60	180	.10
1935	..	2,151	1.15	1,826	0.98	325	.17	1,187	.64	1,028	.55	159	.09
1936	..	2,151	1.11	1,833	0.94	318	.17	1,257	.65	1,096	.56	161	.09
1937	..	2,312	1.15	1,932	0.96	380	.19	1,177	.58	1,008	.50	169	.08
1938	..	2,469	1.20	2,048	0.99	421	.21	1,109	.54	932	.45	177	.09
1939	..	2,313	1.12	1,952	0.95	361	.17	1,174	.57	1,012	.49	162	.08
1940	..	2,410	1.23	2,043	1.04	367	.19	1,217	.62	1,055	.54	162	.08
1941	..	2,804	1.49	2,435	1.29	369	.20	1,326	.70	1,154	.61	172	.09
1942	..	3,081	1.60	2,617	1.36	468	.24	1,204	.62	1,040	.54	164	.08
1943	..	3,110	1.60	2,675	1.38	435	.22	1,191	.61	1,042	.54	149	.07
1944	..	2,944	1.54	2,595	1.36	349	.18	1,066	.56	920	.48	146	.08
1945	..	2,879	1.47	2,504	1.28	375	.19	1,035	.53	900	.46	135	.07
1946	..	3,018	1.38	2,668	1.22	350	.16	1,039	.48	894	.41	145	.07
1947	..	3,010	1.34	2,704	1.20	306	.14	962	.43	855	.38	107	.05
1948	..	3,185	1.41	2,828	1.25	357	.16	907	.40	790	.35	117	.05
1949	..	3,021	1.33	2,746	1.21	275	.12	852	.38	765	.34	87	.04
1950	..	2,776	1.21	2,477	1.08	299	.13	622	.27	567	.25	55	.02
1951	..	2,727	1.20	2,416	1.07	311	.14	582	.26	528	.23	54	.02
1952	..	2,474	1.09	2,208	0.97	266	.12	437	.19	386	.17	51	.02
1953	..	2,507	1.11	2,264	1.00	243	.11	362	.16	327	.14	35	.02
1954	..	2,147	0.95	1,925	0.85	222	.10	320	.14	292	.13	28	.01
1955	..	1,927	0.86	1,706	0.76	221	.10	266	.12	244	.11	22	.01
1956	..	1,762	0.78	1,568	0.70	194	.09	234	.10	214	.10	20	.01

All rates are per 1,000 population.

\* Home population.





TABLE 22

Place of departure of planes arriving at London Airport.	1st January to 30th June, 1956. Number of		1st July to 31st December, 1956. Number of		Total, 1956.	
	Aircraft.	Passengers.	Aircraft.	Passengers.	Aircraft.	Passengers.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Excepted Area .. ..	6,180	192,024	10,371	334,963	16,551	526,987
Europe outside Excepted Area .. ..	6,299	170,976	5,000	162,690	11,299	333,666
North America .. ..	1,497	44,545	1,873	47,096	3,370	91,641
Central and South America	125	4,305	119	4,004	244	8,309
Africa .. ..	1,028	31,033	1,221	34,906	2,249	65,939
Asia .. ..	956	25,308	1,026	27,801	1,982	53,109
Total .. ..	16,085	468,191	19,610	611,460	35,695	1,079,651

Maternal and Child Health

TABLE 23

ANTE-NATAL CLINICS PROVIDED BY COUNTY COUNCIL

Area.	Number of clinics pro- vided at end of 1956 (whether held at infant welfare cen- tres or other premises).	Number of sessions held per month at clinics included in column (2).	Number of women in attendance.		Total number of attendances made by women included in column (4) during 1956.
			Number of women who attended during 1956.	Number of new cases included in column (4), <i>i.e.</i> , who had not pre- viously attended an ante-natal clinic during current preg- nancy.	
(1)	(2)	(3)	(4)	(5)	(6)
1 .. ..	9	52	1,566	1,151	8,766
2 .. ..	8	36	1,168	841	5,566
3 .. ..	9	95 (a)	2,994 (a)	2,196 (a)	15,878 (a)
4 .. ..	10	58	1,672	1,312	7,356
5 .. ..	16	64	1,860	1,429	8,487
6 .. ..	15	108	3,244	2,940	14,671
7 .. ..	13	98	2,746	2,553	16,462
8 (b) ..	16	64	2,063	1,629	7,578
9 .. ..	8	44	1,560	1,264	7,358
10 .. ..	14	56	1,722	1,508	7,720
COUNTY ..	118	675 (a)	20,595 (a)	16,823 (a)	99,842 (a)

(a) Includes 30 sessions at which a consultant is provided by the Regional Hospital Board.

(b) Numbers include one mobile unit.



TABLE 24  
POST-NATAL CLINICS PROVIDED BY COUNTY COUNCIL

Area.	Number of clinics provided at end of 1956 (whether held at infant welfare centres or other premises).	Number of sessions held per month at clinics included in column (2).	Number of women in attendance.		Total number of attendances made by women included in column (4) during 1956.
			Number of women who attended during 1956.	Number of new cases included in column (4), <i>i.e.</i> , who had not previously attended a post-natal clinic after last confinement.	
(1)	(2)	(3)	(4)	(5)	(6)
1 .. ..	1	4	705 (249)	690 (249)	1,157 (333)
2 .. ..	—	—	315 (315)	313 (313)	432 (432)
3 .. ..	—	—	1,147 (1,147) (a)	1,132 (1,132) (a)	1,193 (1,193) (a)
4 .. ..	—	—	234 (234)	227 (227)	257 (257)
5 .. ..	—	—	127 (127)	127 (127)	161 (161)
6 .. ..	4	5	245 (78)	173 (74)	265 (85)
7 .. ..	—	—	187 (187)	182 (182)	209 (209)
8 .. ..	—	—	142 (135)	120 (114)	188 (179)
9 .. ..	—	—	87 (87)	87 (87)	97 (97)
10 .. ..	—	—	206 (206)	206 (206)	230 (230)
COUNTY ..	5	9	3,395 (2,765) (a)	3,257 (2,711) (a)	4,189 (3,176) (a)

The figures in brackets indicate the number of women examined post-natally at ante-natal clinics, and are included in the main post-natal figures.

(a) Includes cases seen by a consultant provided by the Regional Hospital Board.

TABLE 25  
CHILD WELFARE CENTRES PROVIDED BY COUNTY COUNCIL

Area.	Number of centres provided at end of 1956.	Number of child welfare sessions now held per month at centres in column (2).	Number of children who first attended a centre during 1956, and who at their first attendance were under 1 year of age.	Number of children who attended during 1956 and who were born in:			Total number of children who attended during 1956.	Number of attendances during 1956 made by children who at the date of attendance were:			Total attendances during 1956.
				1956.	1955.	1954-51.		Under 1 year	1 but under 2	2 but under 5	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1 ..	13	94	2,302	2,082	1,612	2,375	6,069	36,062	8,949	10,314	55,325
2 ..	13	112	1,970	1,749	1,767	3,784	7,300	30,583	8,985	12,262	51,830
3 ..	10	167	2,945	2,609	2,185	4,265	9,059	41,816	6,716	7,504	56,036
4 ..	15	116	2,712	2,444	2,262	4,305	9,011	39,054	10,953	12,506	62,513
5 ..	17	115	2,381	2,381	1,947	3,624	7,952	38,229	6,967	7,221	52,417
6 ..	14	168	3,819	3,268	2,456	3,116	8,840	51,121	9,703	7,643	68,467
7 ..	15	152	3,073	2,963	2,544	4,385	9,892	46,893	9,262	9,681	65,836
8 (a)	20	161	3,213	2,942	2,311	4,877	10,130	48,183	9,440	13,971	71,594
9 ..	9	94	2,534	2,094	1,843	2,581	6,518	32,498	5,911	5,579	43,988
10 ..	16	183	3,207	2,679	2,533	4,483	9,695	52,788	11,968	14,592	79,348
COUNTY ..	142	1,362	28,156	25,211	21,460	37,795	84,466	417,227	88,854	101,273	607,354

NOTE.—The following figures relate to child welfare centres held at Queen Charlotte's Hospital and at the R.A.F. Station, Stanmore, at each of which the County Council provides a health visitor only. (The figures are *not* included in the main table.)

Queen Charlotte's Hospital ..	1	4	27	32	17	19	63	—	78	68	566
R.A.F., Stanmore	1	4	24	24	32	30	86	472	140	132	744

(a) Numbers include one mobile clinic.



TABLE 26  
PRIORITY DENTAL SERVICE 1956  
EXPECTANT AND NURSING MOTHERS

AREA.	Examined.	Needing treatment.	Treated.	Made dentally fit.	Attendances for treatment.	Extractions.	Anaes-thetics.		Fillings.	Scalings or scaling and gum treatment.	Dressings.	Radiographs.	Dentures provided.	
							Local.	General.					Complete.	Partial.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1 ..	323	284	224	187	603	402	45	135	218	69	43	3	23	49
2 ..	175	169	176	102	738	339	102	86	279	105	113	6	30	42
3 ..	234	226	218	76	894	237	86	39	398	129	166	30	18	39
4 ..	255	240	336	173	1,555	559	337	101	855	96	222	139	40	91
5 ..	141	141	155	125	581	268	40	72	277	82	115	11	21	31
6 ..	530	509	567	263	2,219	683	266	160	1,471	379	304	34	51	66
7 ..	478	462	435	216	1,712	608	422	122	1,173	230	200	98	44	71
8 ..	429	391	369	195	1,612	665	239	148	903	201	155	274	45	69
9 ..	356	349	417	229	1,816	760	351	179	847	253	264	66	64	90
10 ..	759	712	596	498	2,710	1,191	578	216	1,378	171	414	489	97	164
COUNTY	3,680	3,483	3,493	2,064	14,440	5,712	2,466	1,258	7,799	1,715	1,996	1,150	433	712

CHILDREN UNDER FIVE YEARS

AREA.	Examined.	Needing treatment.	Treated.	Made dentally fit.	Attendances for treatment.	Extractions.	Anaes-thetics.		Fillings.	Silver nitrate dressings.	Dressings.	Radiographs.	Dentures provided.	
							Local.	General.					Complete.	Partial.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1 ..	438	362	362	183	791	371	—	208	96	1,661	9	2	—	—
2 ..	598	491	462	408	1,264	356	10	184	796	637	255	3	—	—
3 ..	637	604	551	321	1,583	506	72	213	1,169	565	674	1	—	—
4 ..	524	410	536	319	1,562	602	11	320	1,226	186	305	7	—	—
5 ..	428	416	410	390	1,017	335	—	164	822	299	289	2	—	—
6 ..	1,094	907	988	822	2,392	676	10	362	1,894	968	339	3	—	—
7 ..	737	663	526	409	1,447	681	12	302	1,052	355	308	1	—	—
8 ..	728	638	621	522	1,646	362	107	153	1,430	593	197	14	—	—
9 ..	518	490	609	355	1,295	910	4	430	426	534	264	4	—	—
10 ..	1,256	983	882	1,008	2,615	1,142	18	561	1,665	539	770	2	—	—
COUNTY	6,958	5,964	5,947	4,737	15,612	5,941	244	2,897	10,576	6,337	3,410	39	—	—

TABLE 27  
CARE OF PREMATURE INFANTS, 1956

Area.	Number of premature babies born alive to mothers normally resident in the County, but excluding babies born in maternity homes or hospitals in the National Health Service.		Born at home and nursed entirely at home.				Born at nursing homes and nursed entirely at nursing homes.		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		Born at home.	Born in private nursing homes.	Number born.	Died during first 24 hours.	Survived to end of 28 days.	Number born.	Died during first 24 hours.	Survived to end of 28 days.
1	..	25	2	21	—	20	2	—	2
2	..	20	2	13	—	13	1	—	1
3	..	25	4	24	2	22	4	1	3
4	..	27	5	27	—	27	2	—	1
5	..	19	3	18	1	17	3	—	3
6	..	35	4	27	—	27	4	—	4
7	..	18	1	17	1	16	—	—	—
8	..	42	2	42	1	41	2	—	2
9	..	26	—	17	—	17	—	—	—
10	..	45	4	40	—	40	4	1	3
COUNTY ..	..	282	27	246	5	240	22	2	19



TABLE 28  
MOTHER AND BABY HOMES

Name and address of home or hostel.	Number of beds.				Average length of stay. (weeks).	
	Total beds (excluding maternity and labour and cots).	Maternity (excluding labour and isolation).	Labour beds.	Cots.	Ante- natal.	Post- natal.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
<i>A.—Provided by the County Council.</i>						
“Amherst Lodge,” 47, Amherst Road, Ealing, W.13 ..	24	—	—	11	5	7 <sup>5</sup> / <sub>7</sub>
“Belle Vue,” 167, Willesden Lane, Kilburn, N.W.6 ..	12	—	—	12	4	6 <sup>3</sup> / <sub>7</sub>
“Red Gables,” 113, Crouch Hill, Hornsey, N.8.. ..	15	—	—	12	5 <sup>3</sup> / <sub>7</sub>	5 <sup>1</sup> / <sub>7</sub>
<i>B.—Provided or used by Voluntary Organisations with which the County Council makes arrangements under Section 22.</i>						
“Maryland,” The Downage, Hendon, N.W.4 .. (b)	14	—	—	14	—	6
“The Heath,” 16, The Park, Golders Green, N.W.11 (b)	14	—	—	—	4 <sup>4</sup> / <sub>7</sub>	—
“Beacon Lodge,” 35, Eastern Road, Finchley, N.2 ..	14	2	1	14	6 <sup>3</sup> / <sub>7</sub> (a)	6 <sup>5</sup> / <sub>7</sub> (a)

Total number of women admitted during the year to homes and hostels shown above (ignoring re-admissions to the same home after confinement) .. .. . 506

Number of admissions for which the County Council was responsible .. .. . 484

Number of cases sent by the County Council during the year to mother and baby homes other than those mentioned above:—

    Expectant mothers .. .. . 257

    Post-natal cases .. .. . 40

(a) Relates to the 41 Middlesex cases only.

(b) The arrangements for the use of the Red Cross homes ceased on 30th June, 1956.

TABLE 29

DAY NURSERIES PROVIDED BY COUNTY COUNCIL AS AT 31ST DECEMBER, 1956

Area.	Number.	Number of approved places.	Number of children on the register at the end of the year.		Average daily attendance during the year.	
			Age.		Age.	
			Under 2 years.	2-5.	Under 2 years.	2-5.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1 .. ..	2	80	19	34	15·7	35·2
2 .. ..	1	30	14	17	8·7	16·5
3 .. ..	3	168	37	106	27·3	84·1
4 .. ..	2	110	20	74	20·1	64·8
5 .. ..	2	110	18	62	13·9	46·4
6 .. ..	11	540	240	256	171·2	214·0
7 .. ..	5	214	58	110	43·2	100·9
8 .. ..	4	150	22	70	22·3	57·4
9 .. ..	2	86	13	30	12·1	33·2
10 .. ..	3	100	22	64	17·3	48·4
COUNTY .. ..	35	1,588	463	823	352·0	700·7



TABLE 30  
ADMINISTRATION OF ANALGESICS

Area.	Number of midwives in practice in the County qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board.			Number of sets of apparatus for the administration of inhalational analgesics in use by domiciliary midwives employed by the County Council.		Number of cases in which analgesics were administered by midwives in domiciliary practice during the year.		
	Domiciliary.	In institutions.	Total.	Gas and air.	Trilene.	Gas and air.	Trilene.	Pethidine.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1 ..	17	47	64	19	2	604	67	532
2 ..	8	—	8	10	1	345	38	260
3 ..	9	11	20	9	1	400	33	265
4 ..	12	43	55	12	1	425	22	325
5 ..	11	6	17	14	1	521	54	237
6 ..	9	49	58	11	1	519	46	238
7 ..	13*	22	35*	16	3	548	61	272
8 ..	17	32	49	17	—	921	1	388
9 ..	11*	54	65*	8	2	398	28	282
10 ..	17	12	29	17	2	820	31	377
COUNTY ..	121	276	397	133	14	5,501	381	3,176

\* Including 3 midwives who practise in both areas 7 and 9.

TABLE 31

MIDWIFERY

Area.	Number of midwives practising in the area of the Local Supervising Authority at 31st December, 1956, and the number of maternity cases in the County attended by midwives during the year.																														
	Midwives employed by the County Council.						Midwives employed by voluntary organisations, otherwise than under arrangements with the local health authority, including hospitals not transferred to the Minister under the National Health Service Act.						Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act.						Midwives in private practice (including midwives employed in nursing homes).						Total.						
	Domiciliary.		Institutional.		Total.		Domiciliary.		Institutional.		Total.		Domiciliary.		Institutional.		Total.		Domiciliary.		Institutional.		Total.		Domiciliary.		Institutional.		Total.		
1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2		
1 .. ..	17 (1)	812	—	—	17 (1)	812	—	—	—	—	—	—	—	—	—	43	2,829	43	2,829	—	—	4	154	4	154	17 (1)	812	47	2,983	64 (1)	3,795
2 .. ..	9 (1)	422	—	—	9 (1)	422	—	—	—	—	—	—	—	1	—	—	—	—	1	4	5	2	46	6	51	13 (1)	428	2	46	15 (1)	474
3 .. ..	9 (1)	509	—	—	9 (1)	509	—	—	3	53	3	53	—	10	8	654	8	664	1	6	—	—	1	6	10 (1)	525	11	707	21 (1)	1,232	
4 .. ..	11 (1) [5]	486	—	—	11 (1) [5]	486	—	—	—	—	—	—	—	—	39	1,829	39	1,829	4	—	5	54	9	54	15 (1) [5]	486	44	1,883	59 (1) [5]	2,369	
5 .. ..	12 (1)	609	—	—	12 (1)	609	—	—	—	—	—	—	—	—	—	—	—	—	—	3	10	169	10	172	12 (1)	612	10	169	22 (1)	781	
6 .. ..	10 (1)	637	—	—	10 (1)	637	—	—	—	—	—	—	—	—	49	3,282	49	3,282	4	—	—	—	4	—	14 (1)	637	49	3,282	63 (1)	3,919	
7 .. ..	9 (1)	539	—	—	9 (1)	539	—	—	—	—	—	—	—	3*	144	16	1,170	19*	1,314	1	—	6	76	7	76	13 (1) *	683	22	1,246	35 (1) *	1,929
8 .. ..	18 (1) [1]	990	—	—	18 (1) [1]	990	—	—	—	—	—	—	—	—	35	1,796	35	1,796	—	7	2	19	2	26	18 (1) [1]	997	37	1,815	55 (1) [1]	2,812	
9 .. ..	9 (1)	362	—	—	9 (1)	362	—	—	—	—	—	—	—	3*	114	54	3,010	57*	3,124	—	—	1	26	1	26	12 (1) *	476	55	3,036	67 (1) *	3,512
10 .. ..	17 (1)	974	—	—	17 (1)	974	—	—	—	—	—	—	—	—	—	10	684	10	684	—	1	2	37	2	38	17 (1)	975	12	721	29 (1)	1,696
County ..	121 (10) [6]	6,340	—	—	121 (10) [6]	6,340	—	—	3	53	3	53	3	269	254	15,254	257	15,523	14	22	32	581	46	603	138 (10) [6]	6,631	289	15,888	427 (10) [6]	22,519	

1. Number of midwives.

2. Number of cases attended.

The figures in parentheses ( ) show the number of non-medical supervisory staff. The figures in brackets [ ] relate to part-time midwives.

All figures in brackets and parentheses are included in main totals.

\* 3 midwives employed by Queen Charlotte's Hospital practise in both Areas 7 and 9.





TABLE 32  
HEALTH VISITING. (See note (b) )

Area.  (1)	Number of health visitors employed at 31st December, 1956.		Equivalent of whole-time services devoted by health visitors included in column (3) to services provided under the National Health Service Act. (a) (4)	Number of visits paid by health visitors shown in column (4) during 1956.						Number of families visited during 1956. (c)		
	Whole-time on health visiting. (a) (2)	Part-time on health visiting. (a) (3)		Expectant mothers.		Children under 1 year of age.		Children age 1 but under 2.	Children age 2 but under 5.		Other Classes.	All Classes.
				First visits. (5) (5)	Total visits. (6) (6)	First visits. (7) (7)	Total visits. (8) (8)	Total visits. (9) (9)	Total visits. (10) (10)		Total visits. (c) (11)	Total visits. (c) (12)
1	—	18 (2)	14·3 (1·0)	625	878	2,613	11,854	5,575	9,593	1,422	29,322	9,560
2	—	24 (1)	16·0 (0·8)	660	1,307	2,030	10,601	5,666	10,414	4,034	32,022	7,570
3	—	29 (1)	25·1 (0·8)	1,851	2,886	3,412	13,941	6,828	12,170	4,310	40,135	11,214
4	—	26 (2)	17·0 (1·3)	802	1,194	2,703	8,514	4,042	8,662	1,755	24,167	8,997
5	—	19 (2)	16·3 (1·7)	1,361	1,886	2,762	10,552	5,448	11,066	804	29,756	10,932
6	—	36 (2)	23·4 (1·1)	2,167	3,405	4,255	14,845	7,134	13,500	1,888	40,772	13,502
7	—	28 (2)	23·9 (1·7)	890	1,179	3,432	15,410	7,567	14,493	2,477	41,126	10,992
8	—	28 (1)	22·3 (0·8)	1,415	2,387	3,528	13,622	6,049	12,970	2,716	37,744	11,263
9	—	25 (2)	20·9 (1·6)	1,421	2,367	2,752	15,420	7,767	18,168	1,250	44,972	8,906
10	—	32 (2)	24·8 (1·6)	893	1,362	3,719	13,669	7,126	14,135	1,070	37,362	9,524
COUNTY..	—	265 (17)	204·0 (12·4)	12,085	18,851	31,206	128,428	63,202	125,171	21,726	357,378	102,460

(a) Figures in parentheses relate to superintendents and deputy superintendents which are included in the total.

(b) This table excludes tuberculosis health visitors and their visits. (See Table 16.)

(c) This table excludes visits to families by the health visitor/school nurses whilst acting solely in their capacity as school nurses.





TABLE 33  
HOME NURSING

Areas.	Number of home nurses employed at 31st December, 1956.			Medical.		Surgical.		Infectious diseases.		Tuberculosis.		Maternal complications.		Others.		Totals.		Patients included in column (17) who were 65 or over at the time of the first visit during 1956.		Children in- cluded in column (17) who were under 5 at the time of the first visit during 1956.		Patients in- cluded in column (17) who have had more than 24 visits during 1956.	
	Whole-time on home nursing.	Part-time on home nursing.	Equivalent of whole-time to home nursing service.	a.	b.	a.	b.	a.	b.	a.	b.	a.	b.	a.	b.	a.	b.	a.	b.	a.	b.	a.	b.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)
1 ..	27 (1)	1 (1)	27·5	2,482	62,954	352	11,993	3	18	193	8,877	45	745	—	—	3,075	84,587	1,497	48,326	57	393	561	67,345
2 ..	23	6 (1)	26·1	2,661	72,968	139	4,581	4	67	81	5,020	52	607	—	—	2,937	83,243	1,779	58,366	76	476	832	68,313
3 ..	22	9 (1)	27·5	3,021	70,315	247	6,814	5	40	137	4,832	43	696	1	1	3,454	82,698	1,871	31,355	46	217	922	71,464
4 ..	18 (1)	16 (1)	27·2	3,395	80,657	350	13,053	2	5	134	5,531	6	25	6	223	3,893	99,494	2,130	68,723	96	965	981	75,675
5 ..	20	8 (1)	24·9	2,770	56,431	198	3,483	3	23	104	3,400	42	325	—	—	3,117	63,662	1,511	39,003	59	711	679	48,138
6 ..	32 (1)	10 (2)	36·6	5,534	129,947	902	23,582	26	127	212	8,067	48	498	—	—	6,722	162,221	2,898	99,642	208	1,171	1,523	120,503
7 ..	30 (1)	15 (1)	36·7	4,603	106,147	234	7,803	14	303	158	7,899	67	636	11	43	5,087	122,831	2,476	76,969	125	535	1,266	96,993
8 ..	24	6 (1)	26·7	2,483	63,269	415	12,654	92	1,028	232	12,551	39	335	9	71	3,270	89,908	1,426	49,387	97	710	946	71,070
9 ..	29	3 (1)	30·5	3,229	82,371	231	7,138	7	68	185	8,480	36	257	12	12	3,700	98,326	2,018	65,608	81	386	1,015	76,879
10 ..	30	2 (1)	31·1	3,516	83,730	145	3,416	7	67	187	7,620	15	130	—	—	3,870	94,963	1,980	60,747	92	704	984	73,396
COUNTY ..	255 (4)	76 (11)	294·8	33,694	808,789	3,213	94,517	163	1,746	1,623	72,277	393	4,254	39	350	39,125	981,933	19,586	598,126	937	6,268	9,709	769,776

a. Numbers of cases attended by home nurses during the year.  
b. Numbers of visits paid by home nurses during the year.  
The figures in parentheses relate to supervisors and are included in the total.





TABLE 34  
DOMESTIC HELP

Area.	Number of home helps employed at 31st December, 1956.		Equivalent of whole-time services devoted by home helps in columns 2 and 3.	Number of cases in which domestic help was provided during 1956.					
	Whole-time.	Part-time.		Maternity (including expectant mothers).	Tuberculosis.	Chronic sick including aged and infirm.	Others.	Total.	
									(1)
1	..	7	119	76.4	149	93	636	192	1,070
2	..	5	115	71.0	167	38	771	301	1,277
3	..	6	186	108.7	136	74	1,413	158	1,781
4	..	4	52	37.0	193	53	412	384	1,042
5	..	3	47	33.5	265	41	412	256	974
6	..	3	119	79.2	153	70	958	324	1,505
7	..	7	228	154.8	181	58	1,234	286	1,759
8	..	23	146	104.0	252	67	389	380	1,088
9	..	17	146	114.0	142	37	1,038	151	1,368
10	..	6	109	78.2	220	48	777	258	1,303
COUNTY ..	..	81	1,267	856.8	1,858	579	8,040	2,690	13,167



## Mental Deficiency

TABLE 35  
ASCERTAINMENT

Particulars of cases reported during 1956.	Males.	Females.	Total.
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with":— Action taken on reports by:— (i) Local education authorities on children:— While at school or liable to attend school .. 41 40 81 On leaving special schools .. .. 32 39 71 On leaving ordinary schools.. .. — 1 1 (ii) By police or by courts .. .. 7 — 7 (iii) Other sources .. .. 34 38 72			
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground 36 26 62			
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b) .. .. 46 22 68			
(d) Cases reported in which action was incomplete at 31st December, 1956, and are thus excluded from (a) or (b) .. .. 24 12 36			
Total number of cases reported during the year..	220	178	398

TABLE 36  
DISPOSAL OF CASES REPORTED DURING 1956

Disposal of cases.	Males.	Females.	Total.
(a) Of the cases ascertained to be defectives "subject to to dealt with":— (i) Placed under statutory supervision .. .. 93 99 192 (ii) Placed under guardianship .. .. 2 3 5 (iii) Taken to "places of safety" .. .. — — — (iv) Admitted to hospitals .. .. 19 16 35			
(b) Of the cases not ascertained to be defectives "subject to be dealt with":— (i) Placed under voluntary supervision .. .. 8 4 12 (ii) Action unnecessary .. .. 26 21 47 (iii) Cases who removed from the area, or died before disposal was arranged .. .. 2 1 3			
Total .. ..	150	144	294

TABLE 37

PARTICULARS OF MENTAL DEFECTIVES ON REGISTERS AT 31ST DECEMBER, 1956

Mental Defectives.	Males.	Females.	Total.
(a) Number of ascertained mental defectives found to be "subject to be dealt with":—			
(i) Under statutory supervision:—			
Under 16 years of age .. .. .	316	279	595
Age 16 years and over .. .. .	690	670	1,360
(ii) Under guardianship:—			
Under 16 years of age .. .. .	26	22	48
Age 16 years and over .. .. .	139	125	264
(iii) In places of safety:—			
Under 16 years of age .. .. .	—	—	—
Age 16 years and over .. .. .	—	—	—
(iv) In hospitals:—			
Under 16 years of age .. .. .	284	168	452
Age 16 years and over .. .. .	1,203	1,120	2,323
(b) Number of cases not ascertained to be defectives "subject to be dealt with," under voluntary supervision:—			
Under 16 years of age .. .. .	4	7	11
Age 16 years and over .. .. .	242	291	533
Total .. .. .	2,904	2,682	5,586

TABLE 38

GUARDIANSHIP

Cases admitted to guardianship orders:—								
By petition or varying orders .. .. .	..	..	..	..	..	..	..	17
By Order of the Court .. .. .	..	..	..	..	..	..	..	—
Total .. .. .	..	..	..	..	..	..	..	17
Cases transferred:—								
From one guardian to another .. .. .	..	..	..	..	..	..	..	23
From guardianship to institution .. .. .	..	..	..	..	..	..	..	23
Total .. .. .	..	..	..	..	..	..	..	46
Cases discharged from guardianship orders:—								
By operation of law .. .. .	..	..	..	..	..	..	..	28
By authority of the Board of Control .. .. .	..	..	..	..	..	..	..	45
By parent's request (Sect. 3 order) .. .. .	..	..	..	..	..	..	..	1
By authority of the Middlesex Visitors .. .. .	..	..	..	..	..	..	..	—
Total .. .. .	..	..	..	..	..	..	..	74
Leaves of absence granted .. .. .	..	..	..	..	..	..	..	65
Orders reconsidered and confirmed .. .. .	..	..	..	..	..	..	..	64
Cases transferred to Lunacy Act .. .. .	..	..	..	..	..	..	..	—
Deaths .. .. .	..	..	..	..	..	..	..	1



TABLE 39  
Institutional Care, 1956

Cases admitted to hospitals .. .. .	166*
Cases in hospitals on 31st December, 1956 .. .. .	2,775
Detention orders obtained (Section 6) .. .. .	69
Cases detained by court order (Section 8) .. .. .	9
Cases detained by Home Office order (Section 9) .. .. .	—
Cases admitted under Section 3 orders .. .. .	65
Cases admitted to approved homes .. .. .	—
Cases admitted to places of safety .. .. .	17
Cases discharged from orders .. .. .	69
Cases discharged from approved homes .. .. .	2
Cases discharged from places of safety .. .. .	3
Cases discharged from Section 3 order .. .. .	4
Cases transferred from one institution to another .. .. .	17
Cases transferred from one place of safety to another .. .. .	—
Cases discharged to Lunacy Acts .. .. .	1
Holiday leaves of absence granted .. .. .	376
Revision of detention orders (home conditions reports) .. .. .	855
Cases on licence as at 31st December, 1956 .. .. .	64†
Deaths .. .. .	36
Cases admitted to regional hospital board institutions under para. 4 Ministry of Health Circular 5/52 .. .. .	80
Cases admitted to private homes under para. 2 Ministry of Health Circular 5/52 .. .. .	11

\* Includes 23 cases transferred from guardianship to institution. (See Table 38.)

† Excludes 54 cases from other authorities.

TABLE 40

### WORK OF MENTAL WELFARE OFFICERS AND LADY SUPERVISION OFFICERS

#### *Lunacy and Mental Treatment Acts.*

- Visits made by mental welfare officers (duly authorised) for all divisions .. .. .	16,056
Admission to designated hospitals by mental welfare officers (duly authorised) .. .. .	2,215
Number of patients certified under the Lunacy Acts .. .. .	1,625
Admissions to mental hospital by mental welfare officers (duly authorised) under temporary certification .. .. .	372
Admissions of voluntary patients to mental hospitals assisted by mental welfare officers (duly authorised) .. .. .	1,355

#### *Mental Deficiency Acts.*

##### Visits to defectives under County Council's community care:—

(i) Statutory supervision .. .. .	4,489
(ii) Voluntary supervision .. .. .	583
(iii) Guardianship .. .. .	808
(iv) Miscellaneous .. .. .	1,345

##### Visits in connection with institutional cases:—

(i) Leave and licence .. .. .	771
(ii) Section 11 .. .. .	990
(iii) Miscellaneous .. .. .	174

Visits to defectives on behalf of other local health authorities .. .. .	31
	9,191

Ambulance Service

TABLE 41

ANALYSIS OF HOW PATIENTS WERE CARRIED

By Directly Provided Services.

(i) Accident and emergency calls .. .. .	46,184
(ii) Other removals .. .. .	654,707
	<hr/>
	700,891

By Supplementary Services.

(i) British Red Cross—Home Ambulance and Civilian Invalid Transport .. .. .	4,578
(ii) Hospital car service .. .. .	74,167
(iii) Railways .. .. .	564
(iv) Hired cars and coaches .. .. .	—
(v) Mental cases transported by mental welfare officers .. .. .	2,328
(vi) Other Ambulance Authorities .. .. .	116
	<hr/>
	81,753
	<hr/>
	782,644

Mileage Analysis.

(i) By County Service vehicles .. .. .	3,291,794
(ii) British Red Cross and other Ambulance Authorities .. .. .	50,734
(iii) Hospital car service .. .. .	740,037
(iv) Hired cars .. .. .	—
(v) Mental cases transported by Mental Welfare officers .. .. .	62,473
	<hr/>
	4,145,038

COST OF SUPPLEMENTARY SERVICES

	£	s.	d.
Hospital Car Service .. .. .	21,607	7	4
Hired Cars and Coaches .. .. .	—		
British Red Cross Society—Home Ambulance, Civilian Invalid Transport .. .. .	1,863	1	3
Other Authorities .. .. .	294	16	4
Railways .. .. .	580	13	4
	<hr/>		
	£24,345	18	3

ESTABLISHMENT OF DRIVER-ATTENDANTS.

Approved establishment of driver-attendants on 1st January, 1956 .. .. .	565
Actual strength on 1st January, 1956 .. .. .	521
	<hr/>
Deficiency of .. .. .	44
	<hr/>
Approved establishment of driver-attendants on 31st December, 1956 .. .. .	565
Actual strength on 31st December, 1956 .. .. .	543
	<hr/>
Deficiency of .. .. .	22



Follow-up of Registered Blind and Partially Sighted Persons

TABLE 42

	Cause of disability.				
	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Myopia.	Others.
(i) Number of cases registered during the year in respect of which para. 7(c) of Forms B.D.8 recommends:—					
(a) No treatment ..	57	43	—	6	287
(b) Treatment (medical, surgical or optical) ..	77	37	1	12	86
(ii) Number of cases at (i) (b) above which on follow-up action:—					
(i) Have completed treatment ..	11	3	1	12	22
(ii) Treatment started, but not completed ..	4	26	—	—	41
(iii) Awaiting treatment .. ..	34	3	—	—	6
(iv) Refused treatment .. ..	23	—	—	—	4
(v) Died or removed from County ..	5	5	—	—	13

Ophthalmia Neonatorum

TABLE 43

(i) Total number of cases notified during the year .. .. .	87
(ii) Number of cases in which:—	
(a) Vision lost .. .. .	—
(b) Vision impaired .. .. .	—
(c) Treatment continuing at end of year .. .. .	—

**MODIFICATIONS TO THE PROPOSALS (APPROVED BY THE MINISTER) OF THE MIDDLESEX COUNTY COUNCIL FOR CARRYING OUT THEIR DUTY UNDER SECTION 26 OF THE NATIONAL HEALTH SERVICE ACT, 1946**

25th February, 1956.

*add* OTHER DISEASES. The County Council proposes also to make arrangements for offering to persons in the County, or to any groups of such persons, immunisation against any other disease in respect of which authority is sought from and given by the Minister of Health. The County Medical Officer of Health will be responsible for keeping records directed towards assessing the value of any such form of immunisation.

*note* Consequent upon the above, the Minister authorises your Council to include in its approved arrangements under Section 26 of the Act the provision of:—

- (1) Immunisation against tetanus.
- (2) Vaccination against poliomyelitis for children born between 1947 and 1954.

**MODIFICATIONS TO THE PROPOSALS (APPROVED BY THE MINISTER) OF THE MIDDLESEX COUNTY COUNCIL FOR CARRYING OUT THEIR DUTY UNDER SECTION 28 OF THE NATIONAL HEALTH SERVICE ACT, 1946.**

4th January, 1956.

PART II, SECTION C—MENTAL HEALTH.

*insert* Before addition approved by the Minister on the 16th August, 1952 (relating to short-term care for mental defectives):—

“ (e) ”.

*amend* addition approved by the Minister on 10th June, 1955, to read:—

“ (f) The County Council will, where appropriate, make payments to mental defectives undergoing industrial training at any of the Council's Practical Training Centres or Special Training Schools.”

5th January, 1956.

PART II, SECTION C—MENTAL HEALTH.

*add* (g) The County Council will, through its existing services for the priority classes, provide dental and medical inspection and treatment of mental defectives of school age in attendance at the Council's Special Training Schools and similar treatment for other mental defectives in the community up to the age of 16 years where such treatment cannot be obtained through services provided under Part IV of the National Health Service Act, 1946.



**EXTRACTS FROM THE REPORT OF THE AREA MEDICAL OFFICER,  
Dr. G. HAMILTON HOGBEN, HEALTH AREA NO. 3**

**CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)**

*Ante-natal Clinics.*—The percentage of expectant mothers making at least one attendance at an ante-natal clinic was 69 per cent. during 1956 compared with 66 per cent. the previous year. This has halted the steady decline noted in previous years but it is too early as yet to draw any conclusion from it. As a matter of interest the percentages for the years 1949 to 1956 were 74 per cent., 79 per cent., 77 per cent., 75 per cent., 72 per cent., 74 per cent., 66 per cent. and 69 per cent. respectively.

*Investigation of Anaemia at the Ante-natal Clinic, Church Road, Highgate.*—About 140 new cases are registered every year at this clinic; they are drawn from a wide cross-section of the population and the five social classes of the Registrar General are represented more or less equally. They also include women of many nationalities. i.e., Irish, Jamaican, African, Swedish, German, French, Italian, Greek, Polish and American.

A medical officer of the Department, Dr. H. Gunn, reports that the estimation of haemoglobin levels in expectant mothers has been carried out at this clinic since 1953. For the first few months the Tallquist Haemoglobin Scale was used but this was later abandoned for the Sahli Haemoglobinometer which was found to be more accurate and easier to read in artificial light.

At their first visit to the ante-natal clinic, all patients who are to be confined at home or in the Alexandra Maternity Home have samples of blood taken for determination of Blood Group, Rh Factor and Haemoglobin. Approximately 86 per cent. of these women make their first visit at or before the 18th week of pregnancy. Of the remaining 14 per cent. the majority are seen before the 28th week but there are a few who make their first visit much later either because they have recently moved into the district or because they have neglected to make any arrangements for their confinement or ante-natal care. In almost all of these cases, the Hb has not been determined previously and their figures are included with the "first visit" estimations given below.

Although some authorities are concerned that the so-called "physiological anaemia of pregnancy" is a true hypochromic anaemia and that the Hb's of pregnant women can be maintained at or above 90 per cent., with adequate iron therapy, 80 per cent. has been taken as the dividing line in this clinic.

To all women with Hb levels below 80 per cent. is given a month's supply of Fersolate Tablets (1 T.D.S.) and they are asked to collect further supplies at each visit until they are told to discontinue. If they report severe constipation, abdominal pains or vomiting as a result of taking the tablets an alternative iron preparation is offered.

A second Hb estimation is made at the 34th week and treatment is stopped if the Hb has reached 80 per cent. It is not possible, however, to follow up all the original cases as a number are lost owing to miscarriage, moving out of the district or transfer to hospital clinics. Some of the results obtained, after what should be adequate dosage with iron, are disappointing; but on close questioning of these it has been found that the tablets have been taken erratically or in very inadequate doses. Some women give them up for weeks

at a time or reduce the dose to one a day because of various unpleasant symptoms said to have resulted from them. Others admit that they often forget them “ because they have to be kept out of reach of the children and are put out of sight ”.

The results obtainable for the last three years are set out below. These readings were all obtained at the first visit and although several of the women had been given iron tablets during a previous pregnancy, only one was actually having them at the time.

Total.			100%	90%–99%	80%–89%	70%–79%	60%–69%	50%–59%
1954	..	93	1·1	4·3	46·2	30·1	17·2	1·0
1955	..	99	—	6·0	37·0	42·0	11·0	2·0
1956	..	86	2·3	19·7	48·8	24·4	2·3	—

These figures suggest that there may have been a gradual improvement in Hb levels over the last few years. Thus in 1956 70·8 per cent. of those attending for the first time did not require iron therapy as against 43 per cent. in 1955 and 51 per cent. in 1954.

There has also been a marked reduction in the number of readings below 70 per cent.:—

1954	..	..	..	18·2 per cent.
1955	..	..	..	13·0 per cent.
1956	..	..	..	2·3 per cent.

and there is an increase in the number of readings over 90 per cent.:—

1954	..	..	..	5·4 per cent.
1955	..	..	..	6·0 per cent.
1956	..	..	..	22·0 per cent.

If there has been a real improvement in the Hb levels of this section of the population it is no doubt due to a general improvement in their nutritional state. It is probable that people have become used to the high prices of foodstuffs and it is also worth noting that eggs have been cheaper and more stable in price during the past eighteen months.

*Midwives Ante-natal Clinics.*—Owing to the shortage of midwives it has not been possible to hold clinics at Burgoyne Road and Mildura Court, and clinics elsewhere have been on a somewhat reduced scale.

*The Alexandra Maternity Home, Hornsey* was opened in 1944 and in 1948 it was transferred from the Hornsey Borough Council to the Regional Hospital Board in accordance with the National Health Service Act. The number of beds is now 30.

The home:—

1. Gives ante-natal care for those women who require rest or treatment.
2. Cares for them during confinement.
3. Co-operates with the domiciliary midwives who take nurses from the Home as pupils to confinements on the district.
4. Trains nurses in midwifery so that they can get the midwives' certificate.



Women wishing to be confined at the Alexandra Maternity Home attend one of the Council's ante-natal clinics, and a card with the patient's history, blood group, &c., is sent to the Home.

*Health Education and Parentcraft.*—The teaching of positive health is the full-time occupation of every health visitor wherever her duties take her, particularly in homes, clinics, schools and to a smaller extent in a voluntary capacity in giving evening talks and lectures to organisations outside the health service.

Her work is more than the teaching of the prevention of disease such as the popularising of prophylactic measures to combat ill-health. It is the day to day help and advice given to promote mental and bodily health, the prevention of deterioration of families and the working out of family management and difficulties.

Education for health is one of the most important of the personal health services and is concerned with individuals of all ages and types. It commences with advice and guidance to the expectant mother and the mother of a new baby. It continues through childhood until the child enters school and comes within the purview of the school health services with routine examinations and follow-up home visits for defects and general care. The continuity of the pattern of her work with these groups, and with discharges from hospital, the elderly and others, does much to extend education by practical assistance to individuals and families when they are most in need of it and gives them support which undoubtedly contributes to the establishment of individual and community health. Social factors cannot be separated in the work of the health visitor where family difficulties, social problems and health are so interlaced, but the health visitor, as the general purpose family visitor, calls on the advice and help of other services when these can be of assistance to members of the public.

Account is taken of the different interests of mother and other groups to satisfy inclination and desires to acquire knowledge of health and practical methods connected with parentcraft.

*Relaxation and Mothercraft Classes* are given weekly at eight Maternity and Child Welfare Clinics. This is an increase of one weekly session over those reported for the previous year.

*Home-making and Parentcraft talks in Schools.*—Health visitors and one school nurse have given talks, demonstrations and films to secondary modern girls in the area. In all, 378 talks and discussions were given in schools. The lively interest of the pupils makes this part of the work very well worth while.

*Child Welfare Clinics.*—The percentage of children under one year of age who attended for the first time during the year continued the improvement noted in 1955. During the past four years this figure has risen from 89·1 per cent. to 94·3 per cent. The total attendances made by children under five years were slightly up on the figure for the previous year, due to the opening of the Somerset Road Centre, Tottenham, which increased the number of sessions held during the year in the Area as a whole by 73 as compared with 1955. To some extent, attendances at the other three centres in Tottenham have fallen since the opening of the Somerset Road Centre, but it has not yet

been considered necessary to recommend any adjustment in sessions as a result.

*Use of Clinics for B.C.G. Vaccination.*—During the year the Mildura Court, Burgoyne Road and Stroud Green Road Welfare Centres have been used on a number of occasions by the Chest Physician for Hornsey for the purpose of carrying out tuberculin testing and B.C.G. vaccination of contact cases. It is hoped that eventually a chest clinic will be established in Hornsey and in the meantime this temporary arrangement saves many patients the long journey to the chest clinic in Finchley.

*Toddlers' Clinics.*—In the Annual Report for 1954 it was stated that more effort was to be made to widen the knowledge of medical officers on the mental health aspect in the care of young children.

The psychiatrist (Dr. Cyril Phillips), who attends both Child Guidance clinics in Hornsey and Tottenham, devotes one session per week to “sit in with” a medical officer and discuss some of the problems of these children, with the mother present. This has proved both interesting and rewarding. Gravely disturbed children are not included but the common problems of the physically healthy child who, for instance, refuses food, has disturbed sleep or resents toilet training are considered.

This psychological approach yields satisfactory and in some cases quite rapid results in young children attending the toddler and welfare clinics.

As each medical officer spends three months with the psychiatrist for one session per week, confidence in this new approach is assured.

A major problem is to get the mothers to attend for such advice. It is a curious fact that a woman will bring her healthy baby regularly to the clinic to be weighed, and to get advice on minor matters, but as soon as the baby can walk, talk and eat ordinary food, the anxiety about him eases off, and small deviations from normality are either not noticed or neglected.

An unruly toddler can cause much unhappiness in a family. So often the story of his bad behaviour is the first thing that is told to father on his return from work, which causes annoyance in the father, and in consequence more aggression in the child.

The following table, showing referrals to special clinics, gives some indication of the scope of inspection of the child on the physical side, but no idea of the amount of discussion between parent and doctor which actually takes place.

E.N.T.	Ophthal- mic.	Ortho- paedic.	Child Guidance.	Dental.	Chiropody	Artificial Sunlight.	Speech Therapy.
14	50	109	7	185	6	6	23

The work of this clinic is unhurried and gives adequate time for the mother to talk about her child—to ask questions about various injections to protect the child from infection, operations, treatments, feeding, should he be sent to a nursery school or not, what shoes should he wear and so on. In fact the mother has a sympathetic atmosphere in which to discuss the child's and her own problems.



*Anxiety of Mothers about Young Children.*—Parental anxiety is clearly shown in the following summary of the experiences of a medical officer who also attended sessions for two years at a children's out-patient department.

Here the medical officer met the same mothers who attended the local clinics, asking all the time the same questions and getting the same answers. Not being convinced that the answers were true, these mothers go from hospital to clinic and vice versa in an attempt to get further advice, or change the child into one they can accept. In their view it is the child that must be changed but not themselves.

*Liaison between the Hospitals and the Welfare Services.*—A medical officer of the Department (Dr. V. Tracey) reports that at the end of two years as Clinical Assistant in a busy children's out-patient department, an impression remains of great similarity between the types of cases making frequent attendances at hospitals and those commonly seen at the various Welfare Centre sessions. When those children attending hospital because of serious illness are eliminated, one is left with a large, familiar group of conditions common to both—children suffering from recurrent respiratory infections, particularly school entrants, the child who won't eat, or sleep, and children of all ages who show physical symptoms in response to the stresses and strains of growing up and adjusting to school life. Not only are the conditions familiar, often the individuals have been met before at clinics and routine medical inspections.

The co-operation of the personal health services seems most often to be sought by the hospital doctor in the case of children of school age. One is often called upon to answer questions about the types of special schooling available and then to pass on the necessary case details to the office so that places in the special schools can be applied for with the least loss of time. Sometimes, having someone immediately available to answer a mother's questions about what is entailed in sending a child to a special school, for example, will help her to agree promptly and without anxiety to the course recommended.

Occasionally questions arise about the types of courses followed and the standards likely to be expected in the various categories of day schools, and here, someone who has visited the schools and so can give a clearer picture of what is meant by the newer and relatively unfamiliar terms, such as "secondary modern", "central" or "grammar" school.

There seems at present to be a less close link between hospitals and clinics in the case of infants and pre-school children. Babies fortunately form a relatively small part of the hospital attenders, but their difficulties frequently centre round diet and feeding, either as a sequel to other illness or as an initial complaint. Even while attending an out-patient department every one or two weeks, many mothers continue to attend regularly at their usual welfare centre. Could this, perhaps, be a point at which a closer liaison could be established, with the hospitals making a more deliberate use of the clinics to steer mothers through their difficulties between hospital attendances? The health visitors in such cases could follow a recommended line of management, reinforced, if necessary, by home visits. It would probably be appreciated by many mothers who find it difficult to travel quite long distances to hospital with a baby, and possibly a toddler too, while the clinic is just round the corner.

The Toddler Clinics might also be made use of, when longer and more leisurely discussion of developmental or behaviour problems is needed. The busy, bustling atmosphere of an out-patient department is not necessarily the best setting for such discussion, with little to divert the child's attention, and too much to divert the adults' minds.

*Investigation into the probable cause of Leukaemia.*—The Department of Social Medicine, Oxford, has undertaken to investigate all deaths in England and Wales from malignant disease or leukaemia of children under the age of ten years, which took place from 1953 to 1955. In this Area there were four deaths.

During the last 25 years, the leukaemia death rate in this country has nearly trebled. There is an abrupt increase in the risk of death from leukaemia between one and three years of age.

The Senior Medical Officer for Maternal and Child Welfare, Dr. Helen Garrow, took part in finding out the environmental factors surrounding each child who died of malignant disease in this Area, and also of another set of children of the same age and social circumstances who were alive and well.

As great interest is already aroused on the subject of irradiation from atomic power plants and waste material, and it is also known that radiologists have a death rate nine times greater than other physicians, special attention was paid in the investigation to rays of all kinds. Luminous clocks, watches, television and pedescopes in shoe shops; therapeutic and diagnostic X-rays of all kinds were carefully noted. A preliminary report has been given, that X-rays of the baby before birth may have a harmful effect. This finding has given all doctors caring for the expectant mother, a warning to be careful of having her X-rayed, and has also made radiologists extremely careful of the number and times of exposure of the films.

*Daily Guardian Scheme.*—Under the general supervision of the Superintendent Health Visitor, Miss Townsend, this scheme is operated to assist working mothers who are unable to obtain day nursery accommodation for their children under five years of age. The scheme is administered from the Area Health Office and payment of 1s. per day is made by the local health authority to approved guardians for each child minded for the day.

All daily guardians must first be approved by the health visitor for every child cared for under the scheme and thereafter kept under her observation. No daily guardian is approved to mind more than two children and in the majority of cases approval is given for one child only; and a statement of the conditions of the scheme is given to approved daily guardians and to mothers using the scheme. The number of guardians and children involved in the scheme increased very slightly during the year.

Though the Daily Guardian Scheme is outside the sphere of the Nurseries and Child Minders Act 1948, it is our opinion that the Act should apply to all persons receiving children under the age of five years for the purpose of daily minding. There is no doubt that there is a proportion of daily minders who operate outside the purview of the Act and the Daily Guardian Scheme, who because they are aged or for other reasons are incapable of providing proper care for young children.

The number of guardians on the register at the end of the year was 119 of whom 63 were minding 71 children. The number of individual children



minded during the year was 131 and they were in the guardians' care for 15,246 days.

*Day Nurseries.*—There are three day nurseries in the Area with a total of 168 places. The average attendance during the year was 111.4 per day and the number of children on the register at the end of the year totalled 143.

The number of applications for day nursery admission during the year was 239 of which 42 were refused. All appeals against the decisions made in accordance with the County Council's regulations are heard by the Day Nurseries Panel appointed by the Area Health Committee for this purpose. Appeals against financial assessment of the charges made for admission are also considered by a similar panel.

The health and general care of day nursery children is very good indeed.

Four student nursery nurses entered for examination of the Nursery Nurses' Examination Board and were successful in obtaining the Board's Certificate.

Two of the day nurseries are recognised by the Ministry of Health as training nurseries for the 0-5 age group and one for the 0-2 age group. The latter will be passed for the whole age range as soon as a warden is appointed for the toddler's group. We anticipate that we shall be able to send a member of the present staff for the special course of training early next year which will qualify her for the post.

All children admitted to the nurseries are received from families where there are special difficulties, some of a temporary and others of a more permanent nature. Generally speaking mothers regard the local authority's day nurseries as a safer place for daily minding than any other method of minding outside their own homes and the standard of care and the improvement in the conditions of the children admitted to nurseries does much to endorse this view. Day nursery matrons are to be commended not only on the standard of the nurseries in their charge but also for their interest and handling of the mother's problems which are unfolded to them.

*B.O.A.C. Stewardesses.*—Eight stewardesses attended Park Lane Day Nursery for one day each to receive practical instruction in the care of healthy children.

*British Red Cross Cadets* were also accepted in day nurseries during August for practical experience.

*Distribution of Welfare Foods.*—This work has continued throughout the year with the valuable co-operation of the Women's Voluntary Services in both Boroughs. Issues of the various nutrients, which varied little from the previous year, are shown in the following table:—

National Dried Milk (tins).	Orange Juice (bottles).	Cod Liver Oil (bottles).	Vit. A & D Tabs. (packets).
59,472	158,725	21,571	11,132

*Priority Dental Service for Mothers and Young Children.*—Reference was made in last year's report to a visit made to this Area by Miss E. M. Knowles, O.B.E., F.D.S., H.D.D., a Senior Dental Officer of the Ministry of Health.

Her report on her visit to the County as a whole has caused the Minister to comment particularly favourably on the average number of 2·7 teeth conserved per child treated in Middlesex which, in 1954, was stated to be the best performance in the country. In this connection it is interesting to compare the figures for this Area with those for the County as a whole, bearing in mind that as this Area's figures are included in the County's, some of the latter appear more favourable than they should be for the purpose of this comparison:—

TREATMENT FOR 100 PATIENTS IN 1954

*Expectant and Nursing Mothers*

<i>Scalings</i>		<i>Fillings</i>		<i>Extractions</i>		<i>Dentures</i>	
<i>County</i>	<i>Area</i>	<i>County</i>	<i>Area</i>	<i>County</i>	<i>Area</i>	<i>County</i>	<i>Area</i>
58	63	218	237	167	167	30	17

*Pre-school Children*

<i>Fillings and Conservations</i>		<i>Extractions</i>	
<i>County</i>	<i>Area</i>	<i>County</i>	<i>Area</i>
270	337	102	90

MIDWIFERY SERVICE (SECTION 23)

The Supervisor of Midwives, Miss Curtis, reports that there has been a slight increase in the number of domiciliary confinements during 1956, as was anticipated in 1955. The number of midwives employed has remained at eight.

The number of deliveries conducted by the Area midwives was 509, an average of 63·6 per midwife.

In spite of the low number of home confinements four pupil midwives were constantly in training throughout the year. These pupils are directed from the Alexandra Maternity Home with which the domiciliary midwifery service works in close co-operation.

Analgesia of all available types is now in common use and it is the exception for a mother not to receive this type of relief.

Three midwives were sent for one week's residential refresher course during the year.

Transport for midwives has improved and five midwives now use cars with very great benefit to the service.

HEALTH VISITING SERVICE (SECTION 24)

The Report of the working party on the field of work, training and recruitment of health visitors published during the year gives Local Health Authorities a clear guide as to the requirements of the service and the position of the health visitor as “truly a medico-social worker playing a full part in both preventive medicine and social action”.

The recommended average case load of one health visitor to 4,300 population is one of a number of important recommendations and conclusions reached by the working party which have so far not been attained in this Area. Case loads in this Area are approximately 1–6,000 of the population.



*This heavy case load* makes a considerable demand on the time of health visitors who deal with emergency home visits, visits for hospital reports, visits to the aged and other special groups, the follow-up of premature infants, special investigations as well as routine visits, and routine clinic work; resulting in more selective visiting than was the case in previous years. Inevitably therefore the number of actual home visits must fall although the quality of each visit is likely to be more valuable to the individual visited.

Home visits are not infrequently undertaken during the evening, that is, where it is necessary in order to see working parents and others who are not accessible at other times.

*Scheme for the Health Visiting of Problem Families.*—In this Area a detailed scheme was prepared as an attempt to assist in the prevention of the break-up of families or their rehabilitation in their own homes. Two Special Services Health Visitors were appointed for this purpose as from March, 1957; one for Hornsey and one for Tottenham. In taking over this specialised work they call on other services and voluntary organisations available in the area to assist them when necessary.

The Superintendent Health Visitor, Miss Townsend, reports as follows:—

*Home Visiting* of families in the flooded areas of Tottenham and Hornsey was undertaken during August. In all 737 houses were visited to ensure that the health of children in these areas was not impaired by the unexpected and unfortunate occurrences.

*Sponsored Health Visitor Training.*—The Local Health Authority's scheme for the training of health visitor students has proved valuable in providing a source of qualified health visitors to supplement wastage through retirement and other reasons.

At present one sponsored student is receiving practical training in this Area under the scheme.

*Training of Health Visitor Students.*—Practical training was arranged in the Area for six student health visitors for varying periods during the year and in addition one Public Health Administration student. The students attended from the Royal College of Nursing, Battersea and Chiswick Polytechnical Colleges.

*Student Nurses Lectures.*—Eleven lectures on Social Aspects of Disease were given, at the Prince of Wales's General Hospital, Tottenham, Preliminary Training School, by the Superintendent Health Visitor during the year. The Superintendent and other members of the health visiting staff also gave lectures on first aid, home nursing and the local health services to various organisations in their own time; and in some cases acted as examiners for the British Red Cross Society, Church groups, &c.

The Superintendent and another health visitor acted as consultants at careers evenings arranged by the Youth Employment Officer of the Tottenham Youth Employment Bureau.

*Student Nurses* from the Prince of Wales's General Hospital and from the Middlesex Hospital, W.1, were given a variety of public health visits accompanied by health visitors during the year.

*Other Visitors* interested in health visitor and clinic services were also received from interested bodies and from overseas.

*Health Visitors, Hospitals, Family Doctors and Voluntary Organisations.*—A number of voluntary workers in Hornsey give valuable and regular assistance in infant welfare clinics by weighing young children and undertaking some clerical work as well as the sale and distribution of welfare foods. We wish to acknowledge their voluntary services to the Area and would welcome others who are willing to undertake similar work.

Liaison between hospital almoners and health visitors has been very good indeed. 457 health visitor reports have been sent during the year to almoners and other bodies connected with the health and welfare of families. In addition 348 reports were sent to the Medical Research Council in following up children and young persons in connection with B.C.G. vaccination in the prevention of tuberculosis.

Co-operation and assistance from family doctors, voluntary organisations and statutory services have done much to assist health visitors in the course of their work. We are pleased to express our recognition of the cordial team-work of the Children's, Social Welfare, School Welfare Departments, the Borough Health Departments and officers of the National Assistance Board, the N.S.P.C.C., W.V.S., Public Health Inspectors, Old People's Welfare Organiser and Diocesan Moral Welfare.

*Family Planning Association.*—Two sessions were held in the Clinic at the Hornsey Town Hall each week during the year, on Monday and Tuesday Evenings.

On Wednesday evening, 4th January, 1956, the first weekly session was held at Lordship Lane Medical Centre, Tottenham.

*National Blood Transfusion Service.*—The North London Blood Transfusion Service were allowed the use of the School Clinic, rear of Hornsey Town Hall, for six sessions during the year for the purpose of holding blood donor sessions.

#### HOME NURSING SERVICE (SECTION 25)

The Superintendent of the Home Nursing Service, Miss Curtis, reports that notwithstanding the closure of the District Nurses' Homes in Hornsey and Tottenham, the volume of work is unimpaired. The year's working has shown that this service can be efficiently run from an office and use of the telephone service. It took, however, some time for the public to get used to the idea of the nurses living in their own homes, though in fact the majority had been doing so for years, and only a few lived in the Nurses' Homes.

It would appear from this year's numbers that some stability has been reached in requests for the nurses' help. The same relationship exists in calls for general nursing, other treatments and injections. The slight drop in the number of injections given by the nurses is due to the fact that penicillin is now more often administered orally.

Twenty-two full time and eight part-time nurses are at present employed in the Home Nursing Service.

Apart from four nurses who are kept for relief duties, each nurse has a localised district where she works permanently. This has proved to be the



most satisfactory method of using the staff. During the year five home nurses attended refresher courses, each of one week's duration.

The work has varied little from that of 1955, injections of various drugs and the care of the aged sick still forming a preponderance.

With the increasing demand for nursing the helpless patients at home, a need has become obvious in that some type of lifting apparatus is required to enable a nurse to move heavy patients without injury to herself. It is hoped to provide a simple type of hoist for this work in the near future. Also in connection with nursing these patients, the Hornsey Nursing Association has kindly made a gift of two Dunlopillo mattresses for use in Hornsey. These mattresses were sent out to patients a few days after delivery and have been in constant use ever since. They have afforded great relief and comfort to the long term bed patients.

Surgical cases discharged home for care of post-operative wounds has continued in an effort to release hospital beds earlier than would otherwise be possible.

As reported in previous years lack of adequate motor transport affects efficiency. During the cold and wet winter of 1955 much discomfort for the nurse and much delay was encountered in carrying out visits.

#### VACCINATION AND IMMUNISATION (SECTION 26)

*Vaccination against Smallpox.*—There was a slight falling off in the percentage of children under one year of age vaccinated against smallpox in 1956 compared with the previous year. Nevertheless, the figure of 49·3 per cent. is fairly satisfactory and with a variable birth-rate minor fluctuations from year to year are to be expected.

*Immunisation against Diphtheria and Whooping Cough.*—Owing to an outbreak of poliomyelitis in Tottenham during the summer, the diphtheria immunisation campaign was suspended during July and August. Efforts to make up the arrears were intensified during the latter part of the year and the results achieved over the whole year compared not unfavourably with the previous year.

*Vaccination against Poliomyelitis.*—In accordance with Ministry of Health Circular No. 2/56 the County Council decided to take part in a limited scheme to provide vaccination against poliomyelitis during May and June for children born between 1947 and 1954. In the early part of the year leaflets and consent cards were distributed through the schools to children to take home to their parents. Publicity in respect of vaccination for children born before 1955 and not attending school was arranged through the welfare centres and by the distribution of leaflets locally in addition to the publicity given in the National Press. The number of consents received was 5,983 equivalent to 23 per cent. of children in the eligible age groups.

Vaccination of children in Nationally selected age groups was carried out at local clinics during May and June and a few children who received only one injection then were given their second injection in December when a further small supply of vaccine was received.

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE (SECTION 28)

*Recuperative Holidays.*—The Area health staff continued to be responsible for dealing with applications for recuperative holidays and during 1956 210 applications were received compared with 235 the previous year. Of these, 178 were approved.

## DOMESTIC HELP SERVICE (SECTION 29)

The total number of cases provided with home help during the year was 1,781. This figure shows no sign of declining and has in fact risen by over 500 in the past four years. As stated last year the bulk of the cases comprise the chronic sick, including aged and infirm, who need more or less permanent help, and the demands on the organisation can be readily appreciated when it is realised that nearly 1,000 patients now require help week by week.

*Night Service.*—The service was extended during the year by the introduction of a night service scheme intended to provide help for patients who are very ill or dying and who need night attention, and so enable relatives or others who normally provide this assistance to get a certain amount of relief. The scheme came into operation in June 1956 and details were forwarded to the local representatives of the British Medical Association and to hospital almoners. The scheme, although not widely publicised in its early stages, has shown that it meets a need, and is to be continued on a gradually developing basis.

*Training Scheme.*—During the year, by arrangement with the Eastern Electricity Board, a number of home helps attended at the local showrooms for instruction in the use of electrical appliances. In addition, ten home helps attended a departmental course of five lecture demonstrations designed to make the personnel more able to deal with emergencies, teaching them elementary precautions which they can take to avoid infection and advising them how their services may be of most use in families where financial or material resources are limited. Further courses have been arranged for 1957.

## NURSING HOMES

The Senior Medical Officer, Dr. Helen Garrow, reports there were, up to November, 1956, five Nursing Homes in Hornsey. Since then one has changed to an Old People's Home, leaving four registered Nursing Homes.

The position of the private Nursing Home has grown steadily more difficult, mainly but not entirely due to the rising cost of commodities.

Heating of the large houses has been one of the greatest expenses, as well as increased cost of linen, mattresses, dressings, &c.

Difficulty of getting adequate nursing staff of the right type, and the cost of staff has also been great.

Few nursing homes can compete with the "Private Wings" of the big general hospitals, and the four remaining Homes in Hornsey do not attempt to do so.

They cater for the aged sick and chronic cases. They supply all the comforts and care necessary for the treatment of these old people, whether they are in for a short rest, or for many months.



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